



Therapeutic Canine Massage Veterinary Consent Form

Caroline Stone
608803897
carolinestn@yahoo.com

Owners Name Address	
	Post Code:
Telephone No. Mobile No. E Mail	

Dog's Details

Name		Breed		Sex	
D.O.B		Colour		Neutered?	

I Declare I am the legal owner of the above named dog and that all information presented is correct to the best of my knowledge. I give consent for my dog to be treated by Caroline Stone.

Owner Signature: **Print Name** **Date**.....

Veterinary Surgeon	
Practice Address & Tel No./ Practice Stamp	

YOUR VET MUST COMPLETE THIS AREA BELOW ALONG WITH A SIGNATURE

Reason for approach, treatment, areas of concern

Is the dog on medication? If yes, what:

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In your opinion is the dog named above in a suitable state of health to undergo Massage Therapy? Yes/No*

*** Delete as applicable Signature of Veterinarian Date**