



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 **SARAH E. SYMONDS** who is a qualified canine massage therapist trained by the Canine Massage Therapy Centre Ltd.

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:

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
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