CLINICAL CANINE MASSAGE

VET CONSENT Form

Owners Name:	
Address:	Post Code:
Telephone:	Email:

DOG'S DETAILS

Dog's Name:	Breed:	Sex:
D.O.B.	Colour:	Neutered?:

I declare that 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 Lia Maxwell with Clinical Canine Massage Therapy.

Owners Signature:_____ Print Name:_____ Date:_____

Veterinary Surgeon	
Practice Address/Stamp:	Post Code:
Tel No.	

YOUR VET MUST COMPLETE THE AREA BELOW, ALONG WITH A SIGNATURE

Reason for approach, treatment, areas of concern

Is the dog on medication?: No ☐ Yes ☐ If yes, please state:

Any operations/serious health conditions?: No ☐ Yes ☐ If yes, please state:

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

Signature of Veterinarian_____ Date: _____

I Lia Maxwell, respect the Veterinary Surgeons Act 1966, and Exemption Order 1962, by never working upon an animal without gaining prior veterinary approval.

Member of Canine Massage Guild

Lia Maxwell | Clinical Canine Massage Therapist | M: 07904 244 165 | E: rosyomaxwell@gmail.com