



# SCOTLAND CANINE MASSAGE THERAPY

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## VETERINARY CONSENT FORM

<b>Owner Name:</b>			
<b>Address:</b>			
<b>Post Code:</b>			
<b>Telephone No:</b>		<b>Mobile No:</b>	
<b>Email:</b>			

DOG'S DETAILS			
<b>Name:</b>		<b>Breed:</b>	
		<b>Sex:</b>	<b>D      B</b>
<b>D.O.B.</b>		<b>Colour:</b>	
			<b>Neutered / Spayed</b>

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 Delia Cumming.

Owner Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Veterinary Surgeon:</b>	
<b>Practice Address &amp; Tel No / Practice Stamp:</b>	

**YOUR VET MUST COMPLETE THIS AREA BELOW ALONG WITH A SIGNATURE**

**Reason for approach, areas of concern, treatment etc:**

  
  
  

**Is the dog on medication? If yes, what:**

  
  

**In your professional 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 \_\_\_\_\_**

NB: Please attach further notes of the dog's medical history if deemed necessary. Should you have any queries, please call the number above to speak with Delia Cumming. Thank you for your consent.

*Delia Cumming acknowledges and respects the Veterinary Surgeons Act 1966 and Exemption Order 1962 by never working upon an animal without gaining prior veterinary approval*