

### Clinical Canine Massage Veterinary Consent Form

OWNER DETAILS	
Name	
Address	
Phone Number	Email

DOG DETAILS	
Name	Breed
DOB/Age	Sex      Male / Female
Colour	Neutered      Yes / No
Current Issues or Concerns	
<p>I declare I am the legal owner of the above named dog and that all information presented is correct. I give consent for my dog to have massage therapy by Nicola Aldgate of Canine Massage South Yorkshire (underwritten by Balens Insurance), who is a member of the professional association the Canine Massage Guild. I understand that the consenting vet or surgery shall not be held responsible, nor liable for any aspect of the Clinical Canine Massage provided by the above named therapist.</p>	
Owners signature	Date

#### TO BE COMPLETED BY THE VETERINARY SURGEON

Veterinary Surgeons Name  Practice Address/Telephone Number Practice Stamp
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Reason for Treatment/Concerns/Any other necessary information (please continue on a separate sheet if needed)	
Current Medications	
I confirm that in my opinion the dog named above is in a suitable state of health to undergo massage therapy by Canine Massage South Yorkshire.	
Signed	Dated

I, Nicola Aldgate of Canine Massage South Yorkshire respect the Veterinary Surgeons Act 1966 and Exemption Order 2015 by never working upon an animal without getting prior veterinary approval

Canine Massage South Yorkshire  
36 Bowshaw, Dronfield, S18 2GB  
Phone number - 07484806641