

## VETERINARY CONSENT FORM CLINICAL CANINE MASSAGE THERAPY

Debbie Rae, Sidewood Canine Therapy

DOG DETAILS					
Name		Breed		Sex	M / F
Date of Birth		Colour		Neutered	Y / N
Vaccinated	Y / N				

CLIENT DETAILS	
Owner's Name	
Address	
Telephone	
Email	

*I declare that I am the legal owner of the above named dog and that all information presented in this form is correct to the best of my knowledge.*

*I agree to the terms & conditions set out at [www.sidewoodcanineservices.co.uk/services/canine-massage-therapy](http://www.sidewoodcanineservices.co.uk/services/canine-massage-therapy).*

*I agree that my data be held securely by Sidewood Canine Therapy to facilitate service and product administration.*

**Owner signature:** ..... **Print name:** ..... **Date:** .....

VETERINARY DETAILS	
<p><b>PLEASE NOTE THAT YOUR VET MUST COMPLETE THE AREA BELOW AND PROVIDE A SIGNATURE</b></p> <p>Details of condition requiring treatment (Please include any special instructions or areas of caution)</p>	
<p>Is the dog currently receiving any medication? (If yes, please provide details)</p>	
<p>Veterinary Surgeon Name:</p>	<p>Practice Address &amp; Phone Number or Practice Stamp:</p>
<p>If you wish to receive reports, please provide email address:</p>	
<p>I find no reason why the above named dog cannot undergo Clinical Canine Massage Therapy.</p>	
<p><b>Veterinarian Signature:</b> ..... <b>Print Name:</b> ..... <b>Date:</b> .....</p>	

*I, Debbie Rae, acknowledge and respect the Veterinary Surgeons Act 1966 and Exemptions Order 2015 by never administering massage treatment to a canine without gaining prior veterinary consent.*

**SIDEWOOD CANINE THERAPY**

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