



Veterinary consent form

Telephone 07920 482645 Email penny@bristol-dog-massage.co.uk

<i>Owners Name:</i>	
<i>Address:</i>	
<i>Postcode:</i>	
<i>Telephone No:</i>	
<i>Mobile</i>	
<i>Email:</i>	

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 Penny Warren (t/a Bristol K9 Massage)

Owners signature:		Print Name:		Date:	
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Veterinary Surgeon	
Practice Address & Tel No./ Practice Stamp	
Veterinary Email address:	

TO BE COMPLETED AND SIGNED BY YOUR VET
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

Signature of Vet:

Date:

NB: Please attach further notes for medical history if necessary. Should you have any queries or concerns please contact me on 07920 482645 or email penny@bristol-dog-massage.co.uk



Bristol K9 Massage acknowledges and respects the Veterinary Surgeons Act 1966 and Exemption Order 2015 by never working upon an animal without gaining prior veterinary approval.