

Veterinary consent form

Dogs Name		DOB	
Breed		Sex	
Colour		Neutered?	

Owners Name		Title	
Address			
		Postcode	
Telephone No			
Mobile No			
Email			

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 Cassie Collins.

Owner Signature.....Print Name Date.....

Veterinary Surgeon	
Practice Address & Tel No./ Practice Stamp	
YOUR VET MUST COMPLETE THIS AREA BELOW ALONG WITH A SIGNATURE 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** Delete as applicable

Signature of Veterinarian Date

NB: Please attach further notes for medical history if necessary

Should you have any queries, please call the number above to speak to Cassie Collins

Cassie Collins acknowledges and respects the Veterinary Surgeons Act 1966 and

Exemption Order 1962 by never working upon an animal without gaining prior veterinary approval

