|  |  |  |
| --- | --- | --- |
| **C:\Users\User\AppData\Local\Packages\Microsoft.MicrosoftEdge_8wekyb3d8bbwe\TempState\Downloads\zoe flyer-side2.jpg** | **Clinical Canine Massage Veterinary Consent Form** | **C:\Users\User\Documents\Canine Massage\Canine Massage Guild Logo 300dpi.jpg** |
| Zoe Manterfield1 The Gordons Girling Street, Sudbury, Suffolk, CO10 1NBTelephone: 07764801681Email: zmanterfield@hotmail.co.ukWeb: [www.thefairydogmother.eu](http://www.thefairydogmother.eu) |

Please return to the above details when completed.

|  |  |
| --- | --- |
| **Owners Name** |  |
| **Address** |  |
|  |  |
|  |  | **Postcode** |
| **Email** |  |
| **Phone Number** |  |
| **Mobile Number** |  |
| **Dogs Details** |
| **Name** |  | **Breed** |  | **Sex** |  |
| **DOB** |  | **Colour** |  | **Nuetered** |  |
| 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 have massage therapy by Zoe Manterfield, The Fairy Dogmother, insured with Balens.**Owners Signature:**………………………………**Print Name:**………………………………….**Date:** ……………. |
| **Veterinary Surgery** |  |
| **Address, Telephone** **Number, Practice Stamp** |  |

|  |
| --- |
| **YOUR VET MUST COMPLETE THIS AREA ALONG WITH A SIGNATURE**Reason for approach, treatment and area of concern |
|  |
|  |
|  |
|  |
| Is the dog on medication? If so, please provide details. |

In your opinion is the above named dog in a suitable state of health to undergo massage therapy? YES/NO

Signature of Veterinarian:……………………………………………………. Date:……………….