



CANIS MAJOR
Canine Massage Therapy

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Veterinary Consent Form

Your client has approached me with an interest in booking a canine massage therapy session. I am a qualified practitioner with a Diploma in Canine Massage Therapy gained from the Canine Massage Therapy Centre. I am also a member of the professional Canine Massage Guild. For further information regarding Canine Massage Therapy: www.k9-massageguild.co.uk/veterinary-information/ or contact me directly. *I respect the Veterinary Surgeons Act 1966 & Exemption order 1962 by never working upon an animal without gaining prior Veterinary approval.*

Please attach any further medical history notes that may be relevant



Owners Name	
Address	
Mobile/Tel No	
Email address	

Dogs Name		Breed	
Date of Birth		Colour	
Sex	MALE / FEMALE	Neutered	YES / NO

I declare that I am the legal owner/guardian of the above named dog & that all information provided is correct to the best of my knowledge.
I give consent to Melanie Merritt for my dog to receive Canine Massage Therapy.

Owner Signature: _____

Owner Print Name:..... **Date:** _____

Veterinary Surgeon Name	
Practice Address & Telephone Number/ Practice Stamp	

TO BE COMPLETED BY VETERINARIAN

Reason for approach/Treatment/Areas of concern

Is the dog on any medication, if yes, what? _____

In your opinion is the dog named above in a suitable state of health to undergo Massage Therapy? Yes/No (Please delete as applicable)

Signature of Veterinarian:..... **Date:** _____