



VETERINARY CONSENT FORM

Owners Name:	
Address:	
Telephone No:	
Mobile No:	
Email:	

Dog's Details

Name:		Breed:		Colour:	
Sex:	M / F	DOB:		Neutered:	Y / N

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 Melloney Cooke

Owner Signature: Date:

Veterinary Surgeon:	
Practice Stamp – Address & Telephone No:	

YOUR VET MUST COMPLETE AND SIGN THE AREA BELOW

Reason for approach, treatment, areas of concern:
Is the dog on any medication? YES/NO 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 Veterinarian **Date**

Melloney Cooke respects the Veterinary Surgeons Act 1966 and Exemption Order 2015 by never working upon an animal without gaining prior veterinary approval. Should you have any concerns regarding Canine Therapeutic Massage please contact Melloney on 07900 902 461 or email mell@caninemuscledynamics.com www.caninemuscledynamics.com