



Viv McDonnell, Mob: 07788 497988
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Owners Name: Address: Telephone No: Mobile No: E Mail:	
	Post Code:

Dog's Details

Name		Breed		Sex	
D.O.B		Colour		Neutered?	

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 have massage therapy by Viv McDonnell Trading as Northants Canine Massage Therapy Clinic (underwritten by Balens Insurance)

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 & how frequently:

In your opinion is the dog named above in a suitable state of health to undergo Massage Therapy? Yes/No*	
Signature of Veterinarian:	Date:

I Viv McDonnell acknowledge and respect the Veterinary Surgeons Act 1966 and Exemption Order 2015 by never working upon an animal without gaining prior veterinary approval