



Clinical Canine Massage Practitioner Programme Veterinary Consent Form – Case Study



Your name, address, email and phone number
Don't use a company name as you are still studying OR LOGO OR PAWPRINTS OR BUSINESS NAME!

Owners Name	
Address	
	Post Code:
Telephone No.	
Mobile No.	
E Mail	

Dog's Details

Name		Breed		Sex	
D.O.B		Colour		Neutered?	

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 **ADD YOUR NAME** as part of their Externship for the completion of the 'Clinical Canine Massage Practitioner Programme' run by 'Canine Massage Therapy Centre Ltd' (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:

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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**

*I **INSERT YOUR NAME** and respect the Veterinary Surgeons Act 1966 and Exemption Order 2015 by never working upon an animal without gaining prior veterinary approval*