



Informed Consent for Canine Massage Therapy Services

I understand that the Massage Therapist is performing a sports therapy massage service for canines and is a Certified Canine Massage Therapist (CCMT) through Equissage.

I hereby consent for above mentioned massage services to be performed on my canine (pet).

I confirm that I have disclosed all emotional and physical issues, symptoms, limitations or disorders to the Massage Therapist.

I acknowledge that the Massage Therapist is not a physician or veterinarian and does not diagnose illness or disease or any other physical or mental disorder. I clearly understand that massage therapy is not a substitute for a medical examination or treatment. It is recommended that I visit my personal veterinarian for any ailments that my dog may be experiencing. I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment. I acknowledge that with any treatment there can be risks, and I assume those risks.

I authorize my Massage Therapist to consult with, or discuss concerns with, my regular vet or a veterinarian of Healing Companion's choice.

By signing below I note that I've read and understood all of the information contained in this document. I understand that at any time I can withdraw my consent and treatment will be stopped.

By selecting this box, I understand that pictures of my dog may be taken while he/she is at their massage session. I agree to allow these photos to be posted and shared in marketing efforts.

Signature

Date

Print Name