



Sally Anderson
Unit 19 Manor Road Business Park, Manor Road, Scarborough, YO12 6BE
scarboroughscentdogs@outlook.com 07789968346

Request Veterinary Consent for Massage Form

Patient Name:

Owner Name:

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Owner Contact Number:

Owner Email:

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Owner Address:

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Dogs Breed:

Gender: Neutered/Intact

Dogs Age/DOB

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Reason for Treatment:

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Practice phone:

Practice email:

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Veterinary Diagnosis and relevant pre-existing conditions:

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Please attach clinical notes if preferred

Medication

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Name of referring Veterinary Surgeon and email:

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Declaration of consent:

The dog detailed above is suitable to receive canine massage and rehabilitation therapies.

Signature:

Date:

If during the massage the therapist deems that the veterinarian should be consulted then the owner will be informed and veterinarian contacted.

Sally has completed canine massage & rehabilitation training with AIAT and holds valid indemnity & public liability insurance. Please contact Sally if you require any further information.