



Sally Anderson
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Client Consent Form

Client Details

Name

Address

Phone

Email

Dogs Details

Name	Breed	Sex: Neutered/Intact	Dogs Age/DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insurance company (if applicable)

Veterinary Practice

Phone

<input type="text"/>	<input type="text"/>
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Owners Declaration

I am the legal owner of the dog and give consent for it to be massaged and receive rehabilitation therapies to which we fully accept the attached terms and conditions. I confirm that I have contacted the dogs Vet to discuss it receiving treatment and that there is no contraindication to massage or rehabilitation therapies. If during the massage the therapist deems that the veterinarian should be consulted, then the owner will be informed and veterinarian contacted.

I consent to my dogs' photograph being shared as part of advertising for Scarborough Scent Dogs

Signature

Date

<input type="text"/>	<input type="text"/>
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