



Sally Anderson
Unit 19 Manor Road Business Park, Manor Road, Scarborough, YO12 7BE
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:

Dogs Age/DOB:

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Sex Male/Female:

Is the dog neutered if yes date/age of neuter:

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Reason for referral:

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Practice phone:

Practice email:

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Veterinary Diagnosis and relevant pre-existing conditions:

Please attach clinical notes if preferred

Medication: *Recent/current*

Name of referring Veterinary Surgeon and email:

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Declaration of consent:

I certify that the animal listed above is under my care, and that all relevant medical information has been disclosed. I provide my consent for Sally Anderson to perform canine massage therapy and rehabilitation treatments on the above patient.

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.