OWENBEG
Clinical Canine Massage • Canine Behaviour
www.owenbeg.co.uk
Susan Finlay | 07740 090774

Veterinary Consent Form

Clinical Canine Massage • Canine Behaviour

Owner and Dog Details

Owner's name:		**Dog's name:**	
Address:		Breed:	
Telephone:		Date of Birth: Age:	
Email:		Sex: Neuter status:	Male Female Neutered Entire

Service Requested

Clinical Canine Massage Therapy

Canine Behaviour Consultation

Reason for referral / presenting concern

Owner Declaration and Consent

I declare that I am the legal owner of the dog named on this form, or that I am authorised to act on behalf of the legal owner, and that the information provided is correct to the best of my knowledge.
I request that the veterinary surgeon provide consent for my dog to receive the service selected above from Susan Finlay, trading as Owenbeg.
I understand that the consenting veterinary surgeon and veterinary practice shall not be held responsible or liable for any aspect of the assessment, treatment, advice or recommendations provided by Susan Finlay, trading as Owenbeg.
I accept responsibility for disclosing any information that may be relevant to the assessment and/or treatment, particularly any changes to my dog's health.

Owner's Signature: SIGN _____

Print name: _____

Date: _____

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Veterinary Surgeon Section

To be completed by the attending veterinary surgeon

Relevant diagnoses

Current medication

Handling considerations
e.g. muzzle required · painful areas · recent surgery

Clinical History Attached Yes No

Veterinary Reports
Routine reports will be sent to the veterinary practice unless you prefer to opt out

Reports email address: _____

I do not require routine veterinary reports

Veterinary Consent
I confirm that, based on the clinical information available to me, I am not aware of any veterinary contraindication to the dog receiving the service selected on this form from Susan Finlay, trading as Owenbeg, subject to any relevant information recorded above.

Veterinary Surgeon's Signature: _____
Print name: _____
Date: _____

Practice name and address / practice stamp