

Paws and Tails

Reiki and Therapeutic Massage

Veterinary Referral Form

Client Name(s): _____

Address: _____

Email: _____ phone #'s _____

Animal Details

Animal Name		D.O.B.		Sex	
Breed		Color		Neutered/ Spayed?	

I declare that I am the legal owner of the above named animal and that all information presented is correct to the best of my knowledge. I give permission for my animal to be treated by Paws and Tails Reiki and Therapeutic Massage.

Client Signature: _____ Date _____

Veterinary Clinic	
Veterinarian Name	
Practice Address, phone/ Practice Stamp	

Is the animal on any medications for which we should be aware? _____

Are there any areas of the animal, specific to any conditions, which should be avoided during massage?
Special Instructions/precautions? Suggested minimum days of rest between sessions?

In your opinion, is the animal named above in a suitable state of health to receive a massage therapy session? YES or NO

Signature of Veterinarian _____ Date _____

