

Hands 4 Hounds Massage
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Informed Consent to Treat Form

I, _____, am voluntarily wishing to

have _____ (animal's name) experience a session(s) of therapeutic massage by a Certified Animal Massage Therapist (CSAMT). I understand that massage therapists do not diagnose illnesses, prescribe medications or manipulate bony structures. I further understand that massage is not a substitute for veterinary care or treatment. It is my responsibility to ensure that my pet is vaccinated properly according to Oregon's laws and/or the veterinarian's recommendations.

I have alerted the CSAMT to any conditions my pet has and have disclosed all medications (herbal or pharmaceutical) that my pet is currently taking. I agree to update the therapist to any changes in my pet's mental, emotional, or physical health. I am seeking therapeutic massage for my pet of my own accord for the purposes that massage is intended.

I understand, and have had it explained to me the procedure, benefits, and contra-indications for animal massage and the side effects which may occur as a result of massage.

Signature: _____

Date: _____