



Information, Consent, Release & Waiver

Name of pet and nicknames *each pet requires a completed form	
Tell me about your pet: Type, Breed, Age, Gender, Spay or Neuter	
Name(s) & Address of Guardian(s) (email optional)	
Contact number for each Guardian	<ul style="list-style-type: none"> • •
Is there any shared custody arrangement?	
Emergency contact name & number *this is someone who can make decisions about your pet in the event you cannot be reached	
Name and Address of Referring Vet & Clinic (attach referral)	

Tell me about:

Any prior medical issues and surgeries your pet has had:

Who is in your home (other pets or kids?) and what kind of layout it is (stairs, elevator, yard)?

How much exercise does your pet currently get? Has this changed? Why?

Does your pet have a favourite toy or game?

Does your pet have any allergies? List.

Is your pet treat/food motivated?

This referral

Date of referral (delegation) and consent by vet: _____

Tell me about what is going on for your pet right now, and the reason for Vet referral on this occasion (attach document):

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Is your pet currently on any medication? If so what medications for what conditions?

Is your pet currently in pain? If yes, can you tell where?

What do you hope to achieve for your pet in the short term? And in the long term?

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The not-so fine print:

- Massage is NOT a substitute for Veterinary Treatment. Canine massage is designed to relax, and reduce muscle fatigue and tension
- Massage does NOT treat, diagnose or provide prognosis with respect to any injury or illness. Massage does not purport to alleviate or correct any disease, injury, pain, defect, disorder or other similar condition.
- Massage will be undertaken only with a vet referral (delegation), and under a vet’s supervision in a clinic setting
- By signing this consent, I agree that:
 1. I wish my pet to receive a massage session(s) to support his/her healing and relaxation;
 2. The massage professional is not a veterinarian or veterinarian’s technician;
 3. I understand the risks to my pet involved in participating in the massage, including the potential risk of physical injury.
 4. I agree to assume all risks associated with my pet participating in the sessions and agree to assume full responsibility for any injuries, losses, or other damages that my pet may suffer as the result of his/her participation in the sessions.
 5. I hereby release, indemnify, and save harmless Mutt Massage and the massage professional, and Steveston Veterinary Hospital, from any and all claims, demands, injuries, costs, or expense, (including legal fees) arising from or relating in any way to my pet’s participation in the massage sessions.
 6. I have read this Consent, Waiver and Release or have had it read to me, if necessary, and I fully understand its contents. I am voluntarily executing this Consent, Waiver and Release.

Date: _____

Print and sign