



Sarah Gillingwater
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Veterinary Permission Request Form

Client:	Dog Name:	
Address:	Dog Breed:	
	Dog Gender:	Dog Age: Years
Provisional date to start of treatment:		

Veterinary Practice Name:	Date:
Address:	
I confirm that the animal stated above is in a suitable condition to undergo massage therapy.	
Veterinary Surgeon's Name:	
Veterinary Surgeon's Signature:	
Please provide details of any relevant medical history below:	
Please provide details of any current medication below:	

Sarah Gillingwater is fully insured and fully qualified in canine massage therapy. I adhere to the Veterinary Surgeons Act 1966, and Exemptions order 2015, meaning I will not treat an animal without prior veterinary consent.