



# WOLDS

## Canine Massage Therapy

Olivia Whitfield-Heap  
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### Client Details

Name .....  
Address .....  
.....Postcode .....  
Telephone number ..... Email .....

### Patient Details

Name .....Breed .....  
Sex .....DOB .....  
Veterinarian .....

### Referring Veterinary Surgeon's Declaration

Practice Name .....  
Address .....  
.....Postcode .....  
Telephone number ..... Email .....

Past medical history .....  
.....  
.....  
.....

Current medication .....  
.....  
.....  
.....

The dog detailed above is suitable to receive canine massage therapy:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

If during the massage the therapist deems that a veterinarian should be consulted then the owner will be informed.

Olivia has completed canine massage & rehabilitation training with AIAT, she is a member of IIAT and holds valid professional indemnity & public liability insurance. Please use the contact details above if you require any further information