



Client Details

Name
Address
Postcode Telephone number
Email
Date

Dog Details

Name Breed
Sex Neutered? Y / N Age
Insurance company (if applicable)

Referring Veterinary Surgeon's Declaration

Practice Name
Address
Postcode Telephone number
Email

Past medical history (please attach clinical notes if preferred)

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.....

Current medication

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.....

Please indicate any areas of concern

.....
.....



The dog detailed above is suitable to receive canine massage & rehabilitation therapies:

Signature

Print Name

Date

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

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