

Olivia Whitfield-Heap 45 Main Road, Hundleby, PE23 5LZ 07593563850 woldscaninemassage@gmail.com

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name		
Address		
Postcode	Telephone number	
Date		
Dog Details		
	Breed	
	Neutered? Y / N Age	
	icable)	
Referring Veterinary Sur		
	Telephone number	
Email		
	e attach clinical notes if preferred)	
Current medication		
Please indicate any areas of		
The dog detailed above is su	uitable to receive canine massage & rehab	oilitation 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 with AIAT, she 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



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Client Details	
Name	
	Postcode
Telephone number	Email
Dog Details	
	Breed
	Neutered? Y / N Age
Insurance company (if applicable)
performed on their dog. The owner medical conditions or in the process they must consult their Veterinarian injury or surgery under the care of was/is not contraindicated to mass massage or rehabilitation therapies,	I the said massage & rehabilitation therapies to be er confirms there are no suspected undiagnosed as of diagnosis. The owner also understands that if the said dog has undergone any recent illness their Veterinarian to ascertain that the condition sage or rehabilitation therapies. If during any the Therapist deems that a Veterinarian should be ostics then the owner will be informed and
recieve rehabilitation therapies to	f the dog and give consent for it to be massaged & which we fully accept the attached terms and tacted the dog's Veterinarian to discuss it being if required to do so.
Signature	Print Name
	Date

I am happy for my dog's photograph to be shared as part of advertising for Wolds Canine Massage Yes No

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