**Clinical Canine Massage Practitioner Veterinary Consent Form**

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| --- | --- |
| Owner's Details | |
| Name | |
| Address | |
| Telephone No. | E Mail |

|  |  |
| --- | --- |
| Dog’s Details | |
| Name | Breed |
| D.O.B | Sex |
| Colour | Neutered? |
| Owner observations/concerns | |
| I am the legal owner of the above named dog and that all information presented is correct to the best of my knowledge. I request consent for my dog to be treated by Athena Christodoulou who is a member of the professional association the Canine Massage Guild. I understand that the consenting vet or surgery shall not be held responsible, nor liable for any aspect of the Clinical Canine Massage provided by the above named therapist.  I accept full responsibility for divulging facts that may be relevant during treatment, particularly regarding any changes in my animal’s health. | |
| Owner Signature | Date |

|  |  |
| --- | --- |
| \*\***YOUR VET MUST COMPLETE THIS AREA BELOW ALONG WITH A SIGNATURE\*\*** | |
| Veterinary Surgeon | Tel No |
| Details of condition requiring treatment and special instructions/areas of caution  If you wish please attach any medical history you deem relevant | |
| Practice Address or Practice Stamp | |
| Is the dog on medication? If yes, what: | |
| If you wish to have reports emailed to you, please include your email address | |
| I find no reason at this time why the above names dog cannot receive Clinical Canine Massage Therapy | |
| Signature of Veterinarian | Date |

***I Athena Christodoulou acknowledge and respect the Veterinary Surgeons Act 1966 and Exemption Order 2015 by never working upon an animal without gaining prior veterinary consent. As stated by the RCVS, “physiotherapy” is interpreted as including all kinds of manipulative therapy (Section 19.21)***