

Louise Swindlehurst
 Worcestershire Canine Massage
 07764 949706
info@keepdogsmoving.co.uk

Owners Name Address	
Telephone No. Mobile No. E Mail	Post Code:

Dog's Details

Name		Breed		Sex	
D.O.B		Colour		Neutered?	

I Declare I am the legal owner of the above named dog and that all information presented is correct to the best of my knowledge. I give consent for my dog to be treated by Louise Swindlehurst.

Owner Signature: **Print Name**
Date.....

Veterinary Surgeon	
Practice Address & Tel No./ Practice Stamp	

YOUR VET MUST COMPLETE THIS AREA BELOW ALONG WITH A SIGNATURE
Reason for approach, treatment, areas of concern
Is the dog on medication? If yes, what:

In your opinion is the dog named above in a suitable state of health to undergo Massage Therapy? Yes/No* * Delete as applicable Signature of Veterinarian Date

I Louise Swindlehurst and respect the Veterinary Surgeons Act 1966 and Exemption Order 1962 by never working upon an animal without gaining prior veterinary approval