



TYNESIDE CANINE MASSAGE – VETERINARY CONSENT FORM

JANE JEFFREY TEL. 0191 2170502 MOB. 07931 946343

E MAIL: janejeffrey@hotmail.com

PLEASE NOTE: I, Jane Jeffrey, acknowledge and respect the Veterinary Surgeons Act 1966 and Exemption Order 2015 by never working upon an animal without gaining prior veterinary approval. Massage treatment cannot be carried out without this signed form. If you have any queries please do not hesitate to contact me. Thank you for your assistance.

PART 1 – OWNER TO COMPLETE

Name:.....

Address:.....

.....Postcode:.....

Tel. Number:.....Mobile Number:.....

E mail:.....

Dog's name:.....Breed:.....Sex M / F

Neutered Y / N Colour..... Age / DOB:.....

I declare that 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 Jane Jeffrey

OWNER SIGNATURE:.....PRINT NAME.....DATE...../...../.....

PART 2 – VETERINARY SURGEON TO COMPLETE

Veterinary Surgeon.....

Practice Address / Stamp. / Tel Number.....

Brief History / Areas of Concern / Reason for Massage Treatment.....

Is the dog currently on medication Yes / No

If Yes please provide details.....

In your opinion is the above named dog in a suitable state of health to undergo massage therapy ? Yes / No

Signature.....Date:...../...../.....