



Sarah Whittaker. CCMP, RVN, Dip AVN (Surg), Dip VNRT.

8 High Street, Nettlebed, Henley on Thames, Oxon, RG95DD. Tel: 07757373033

info@chilternsclinicalcaninemassage.co.uk

CONSENT FORM FOR TREATMENT

Owner Details				
Name:		Telephone:		
Address:				
Postcode:		Email:		
Dog's Details				
Name:		Age:		Sex:
Breed:		Colour:		Neutered:

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 request consent for my dog to be treated by Sarah Whittaker, who is a member of the professional association The Canine Massage Guild. I understand the consenting vet or surgery will not be held responsible, or liable, for any aspect of the clinical canine massage provide by the above-named therapist.

I respect full responsibility for divulging facts that may be relevant during treatment, particularly regarding changes in my dog's health.

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

YOUR VET MUST COMPLETE THE AREA BELOW ALONG WITH A SIGNATURE Details of condition being treated and special instructions / areas of caution	
If you wish, please attach any medical history you deem relevant	
Is the dog on any medication? If yes, what?	
Veterinary Surgeon Name:	Practice address or stamp
Email address (to send report to):	
Telephone Number:	
I find no reason why, at this time, the above-named dog cannot receive clinical canine massage therapy	
Signature of Veterinary Surgeon Print Name Date	

I, Sarah Whittaker, acknowledge and respect the Veterinary Surgeons Act 1966 and exemption order 2015 by never working upon a dog without gaining prior veterinary consent. As stated by the RCVS, "Physiotherapy" is interpreted as including all kinds of manipulative therapy (Section19.21).

