



Peak District Canine Massage & Hydrotherapy Veterinary Consent Form

Owners Name	
Address	
Tel No	
Mobile	
E mail	

Dogs Details

Name		Breed		Sex	
D.o.b		Vaccinated		Neutered	

Referred for Please tick	Massage		Hydrotherapy Pool		Hydrotherapy Aquatic Treadmill		Massage & Hydrotherapy	
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Reason for referral To be completed by Veterinary surgeon

Is the dog on any medication? If yes, what?

<p style="text-align: center;">In your opinion is the dog named above in a suitable state of health to undergo above indicated therapies? Please delete as appropriate YES / NO</p> <p>Name of veterinary surgeon</p> <p>Signature of Veterinary Surgeon Date</p> <p>Practise Name, Address & Telephone or stamp</p>

Please attach clinical records for medical history if necessary

Peak District Canine Massage & Hydrotherapy
Cathy Ollerenshaw
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 cathy@peakdistrictcaninetherapies.co.uk

Cathy Ollerenshaw acknowledges and respects the Veterinary Surgeons Act 1966 and Exemption Order 1962 by never working upon any animal without gaining prior veterinary approval.