



WWW.FULLSTRETCHCANINEMASSAGE.CO.UK
 Gemma Dorman
 07530 916829

| Owners Details | |
|----------------|------------|
| Owners Name | |
| Address | |
| | |
| | Post Code: |
| Telephone No. | |
| Email | |

| Dog's Details | |
|---------------|--|
| Name | |
| Breed | |
| Sex | |
| Date of Birth | |
| 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 give consent for my dog to be treated by Gemma Dorman of Full Stretch Canine Massage

Signed 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 |

NB. Please attach further notes for medical history if necessary.
 Should you have any queries, please call the number above and speak to Gemma Dorman

Gemma Dorman acknowledges and respects the Veterinary Surgeons Act 1966 and Exemptions Order 2015 by never working upon an animal without gaining prior veterinary approval