



Veterinary Consent Form

Canine Bodywork Clinic

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Owners Name:	
Address:	
Telephone No:	
E-Mail:	

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 have clinical massage therapy and hydrotherapy, as a combined therapy by Claire McGurk who is a member of the professional association, the Canine Massage Guild and IAAT. I understand that the consenting vet or surgery shall not be held responsible, nor be liable for any aspect of the Clinical Massage Therapy or Hydrotherapy provided by the above-named therapist.

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

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

YOUR VET MUST COMPLETE THIS AREA BELOW ALONG WITH A SIGNATURE

Details of condition requiring treatment & special instructions or areas of caution:

Please also attach any medical history you deem relevant

Please list any medication the dog is currently on:

Veterinary Surgeons Name:	Practice Address or Practice Stamp:
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If you wish to receive report, please provide email address:	Practice Telephone Number:
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I find no reason why the above-named dog cannot receive Clinical Canine Massage Therapy & Hydrotherapy, as a Combined Therapy

Signature of Veterinarian:

Print Name:

Date

Claire McGurk acknowledge and respect the Veterinary Surgeons act 1966 and Exemptions Order 2015 by never working upon an animal without gaining prior veterinary consent.

