

# Veterinary Consent form for Clinical Canine Massage

**Abigail Rogers, 86 Vauxhall Drive, Woodley, Reading, Berkshire, RG5 4EE,  
[abigail.b.rogers@gmail.com](mailto:abigail.b.rogers@gmail.com) and 07586344258**

<b>Owners Name</b> <b>Address</b>	
	<b>Post Code:</b>
<b>Telephone No.</b>	
<b>Mobile No.</b>	
<b>E Mail</b>	

## Dog's Details

<b>Name</b>		<b>Breed</b>		<b>Sex</b>	
<b>D.O.B</b>		<b>Colour</b>		<b>Neutered?</b>	

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 massage therapy by Abigail Rogers

**Owner Signature:**

**Print Name:**

Date:

<b>Veterinary Surgeon</b>	
<b>Practice Address &amp; Tel No./ Practice Stamp</b>	

**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**

**Signature of Veterinarian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I Abigail Rogers respect the Veterinary Surgeons Act 1966 and Exemption Order 2015 by never working upon an animal without gaining prior veterinary approval.*