



## Request Veterinary Consent For Massage Treatment.

Patient's Name:

Owners Name:

Owner Contact Number:

Owner Email:

Owners Address

Breed/ Gender:

Age:

Reason For treatment:

Veterinary Diagnosis:

Relevant pre-existing conditions:

Medication:

Name Of Referring Veterinary Surgeon:

Veterinary Practice:

Veterinary Practice Contact Number:

Veterinary Practice Email:

### **Declaration of consent**

I certify that the above animal is under my care and to my knowledge has no contraindications that have not been disclosed. I consent to Freya Mansell of Yorkshire Canine Massage to perform canine massage on the above patient.

Signature:

Date: