

Owner Details			
Name			
Address			
Town		Postcode	
Tel no		Mobile no	

Dog Details	
Name	Breed
DOB	Colour
Gender	Neutered

I declare I am the legal owner of the dog named above & that all information given is correct to the best of my knowledge. I give consent for my dog to be treated by Jenny Youdan of K9 Elements Massage Therapy.

Owner Signature Print Name Date

Veterinary Practice Details	
Practice Name	(or) Practice stamp
Address	
Tel no	
Email	

Please include your email as I will send you a case report detailing my findings, to include in your records.

This section **MUST be completed by your vet, including their signature.**

Reason for approach, treatment, areas of concern

Is the dog on any medication? If yes, please give details

NB. Please give details or attach any relevant medical history as required

In your opinion, is the dog named above in a suitable state of health to receive massage therapy? Yes / No

Signature Name Date

If you have any queries, please do not hesitate to contact Jenny Youdan at K9 Elements.

