*Owners Details*

|  |
| --- |
| *Name:* |
| *Address:* |
|  *Postcode:* |
| *Email:* |
| *Telephone:* | *Mobile:* |

*Dogs Details*

|  |  |  |
| --- | --- | --- |
| *Name:* | *Breed:* | *Sex:* |
| *D.O.B.* | *Colour:* | *Neutered:* |

*I declare I am the legal owner of the dog named above and that all the information given is correct to the best of my knowledge. I give consent for my dog to be treated by Nicky @ Kanedu Clinical Canine Massage*

*Owners signature:........................................ Print name: .................................................. Date: ..................*

*Veterinary Practice Details*

|  |  |
| --- | --- |
| *Veterinary Surgeon:* |  |
| *Practice address/stamp:* |  |
| *Tel number:* | *Email:* |
| *This section must be completed and signed by your Veterinary Surgeon* |
| *Reason for approach, treatment, areas of concern, previous relevant history* |
|  |
|  |
|  |
| *Is the dog on any medication? If yes, please detail:* |
| *In your opinion is the dog named above in a suitable state of health to undergo massage therapy Yes/No \* \*please delete as appropriate.* *Veterinary Surgeon Signature: ................................................................. Date:.....................* |

*If you have any queries please do not hesitate to contact me:-*

***Nicky @ Kanedu Clinical Canine Massage Tel: 07913 581553***

 ***email:*** ***kanedumassage@outlook.com*** ***website:*** [***www.kanedumassage.com***](http://www.kanedumassage.com)

*I Nicky Field acknowledge and respect the Veterinary Surgeons Act 1966 and Exemption Order 2015 by never working upon an animal without gaining prior veterinary approval. My insurance provider is Balens.*