Michelle Seabrook

33 Meadowview Road, Exmouth, Devon. EX8 4HB

07894 541519 e-mail massage@exmouthcaninecentre.co.uk

|  |  |
| --- | --- |
| **Owners Name**  **Address**  **Telephone No.**  **Mobile No.**  **E Mail** |  |
|  |
|  |
| **Post Code:** |
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**Dog’s Details**

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| --- | --- | --- | --- | --- | --- |
| **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 massage therapy by Michelle Seabrook of Exmouth Clinical Canine Massage.

**Owner Signature**: …………………………………… **Print Name** ………………………..…………  **Date**……………………………….

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| **Veterinary Surgeon** |  |
| **Practice Address &**  **Tel No./ Practice Stamp** |  |

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| **YOUR VET MUST COMPLETE THIS AREA BELOW ALONG WITH A SIGNATURE**  **Reason for approach, treatment, areas of concern** |
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| **Is the dog on medication? If yes, what:** |

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| --- |
| **In your opinion is the dog named above in a suitable state of health to undergo Massage Therapy? Yes/No\***  **\* Delete as applicable Signature of Veterinarian …….………………………………. Date …………..** |

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