

## Veterinary Consent Form

Owner Details			
Name			
Address			
Postcode			
Telephone Number		Email Address	

Dog's Details				
Name		Date of Birth		
Breed		Sex	DOG	BITCH
Colour		Neutered	YES	NO
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 be treated by DogzAligned.				
Owner Signature: _____ Print Name _____ Date _____				

Veterinary Information			
Veterinary Surgeon			
Practice Address			
Telephone Number		Email Address	

THIS SECTION MUST BE COMPLETED AND SIGNED BY YOUR VET.			
Reason for treatment and areas of concern			
Is the dog currently on any medication? If Yes please provide details			
In your opinion is the above named dog in a suitable state of health to undergo Massage Therapy		YES	NO
Signature of Veterinarian: _____ Date: _____			
Please attach additional notes to this form if necessary relating to the dog's medical history			

*DogzAligned acknowledges and respects the Veterinary Surgeons Act 1966 and Exemption Order 2015 by never working upon an animal without gaining prior veterinary approval*

