



Karen Glass  
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Tel: 07964 837709

[www.dog-massage-therapy.co.uk](http://www.dog-massage-therapy.co.uk)

E-mail: [info@dog-massage-therapy.co.uk](mailto:info@dog-massage-therapy.co.uk)

<b>Owners Name</b>	
<b>Address</b>	
	<b>Post Code:</b>
<b>Telephone No.</b>	
<b>Mobile No.</b>	
<b>E Mail</b>	

**Dog's Details**

<b>Name</b>		<b>Breed</b>		<b>Sex</b>	
<b>D.O.B</b>		<b>Colour</b>		<b>Neutered?</b>	

I declare that 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 Karen Glass.

Signed ..... Print Name ..... Date .....

<b>Veterinary Surgeon</b>	
<b>Practice Address &amp; Tel No./ Practice Stamp</b>	

**YOUR VET MUST COMPLETE THIS AREA BELOW ALONG WITH A SIGNATURE**  
Reason for approach, treatment, areas of concern


**Is the dog on medication? If yes, what:**

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

**NB. Please attach further notes for medical history if necessary.**  
Should you have any queries, please call the number above and speak to Karen Glass.

*Karen Glass acknowledges and respects the Veterinary Surgeons Act 1966 and Exemption Order 1962 by never working upon an animal without gaining prior veterinary approval*