



**Darren Worsfold BSc (hons)**  
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**Veterinary Consent Form**

<b>Owners Name Address</b>	
	<b>Post Code:</b>
<b>Telephone No. Mobile No. 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 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 Darren Worsfold at Hampshire K9 Massage Therapy.

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

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

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

<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 to speak to Darren Worsfold  
*Hampshire K9 Massage Therapy acknowledges and respects the Veterinary Surgeons Act 1966 and Exemption Order 2015 by never working upon an animal without gaining prior veterinary approval*