Clinical Canine Massage Practitioner
Veterinary Consent Form

Tania Carlyle
3 Watergates lane, Broadmayne, Dorchester DT2 8HA
✉ tenderhoundtherapies@gmail.com ☎ 07933 791407

Owners Name	
Address	
	Post Code:
Telephone No.	
Mobile No.	
E Mail	

Dog's Details

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 Tania Carlyle.

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

Veterinary Surgeon	
Practice Address & Tel No./ Practice Stamp	

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

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, Tania Carlyle, respect the Veterinary Surgeons Act 1966 and Exemption Order 2015 by never working upon an animal without gaining prior veterinary approval