



canine rebalance

Therapeutic Massage for Your Dog

Kirsti Dix
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 Thatcham
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Veterinary Consent Form

Owners name:			
Address:			
	Postcode:		
Telephone No:		Mobile No:	
Email:			

Your Dogs' 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 be treated by Kirsti Dix.

Owner signature: Print name: Date:

Veterinary Surgeon	
Practice address and Tel no:	

YOUR VET MUST COMPLETE THIS AREA BELOW ALONG WITH A SIGNATURE

Reason for approach, treatment, areas of concern
Is this dog on medication? If yes, what?
In your opinion is this dog named above in a suitable state of health to undergo Massage Therapy? YES NO (please circle)

Signature of Veterinarian:		Date:	
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I Kirsti Dix respect the Veterinary Surgeons Act 1966 and Exemption Order 1962 by never working upon an animal without gaining prior veterinary approval