

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

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 be treated by Sharon Pattinson from Manchester Canine Massage Therapy.

Owner Signature: Print Name Date.....

Veterinary Surgeon	
Practice Address & Tel No./ Practice Stamp	

Your vet must complete the area below:

In your opinion is the dog named above in a suitable state of health to undergo Massage Therapy? Yes/No

Signature of Veterinarian Date

Summary of the dogs injuries or condition, areas of concern, comments etc
Is the dog on medication? If yes, what:

I Sharon Pattinson respect the Veterinary Surgeons Act 1966 and Exemption Order 1962 by never working upon an animal without gaining prior veterinary approval