

**Sharon Pattinson**  
**Home No: 0161 343 6929**  
**Mobile: 0789 4993323**  
**Email: mcmassagetherapy@virginmedia.com**



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

**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***