

Lindsay Cope BSc(Hons) DipCCM DipCABT ITEC



Clinical Canine and Human Massage Therapist,  
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**PAWVIDA**  
HOLISTIC THERAPIES FOR YOU & YOUR PET

## Canine Massage Veterinary Consent Form

| OWNER'S DETAILS:        |               |                        |          |
|-------------------------|---------------|------------------------|----------|
| Owner Name:             |               |                        |          |
| Address:                |               |                        |          |
| Home Tel:               |               | Mobile Tel:            |          |
| Email:                  |               | Opt In to Direct Mail: | Yes / No |
| DOG'S DETAILS:          |               |                        |          |
| Dog Name:               |               |                        |          |
| Breed:                  |               |                        |          |
| Age / DOB:              |               | Colour:                |          |
| Sex:                    | Male / Female | Neutered:              | Yes / No |
| VETERINARIAN'S DETAILS: |               |                        |          |
| Veterinary Surgeon:     |               |                        |          |
| Practice Address:       |               | Practice Stamp:        |          |

| FOR COMPLETION AND SIGNATURE BY YOUR VETERINARY SURGEON                     |  |
|---|--|
| Reason for approach/referral:   |  |
| Medications:  |  |
| <b>I hereby consent for the dog named above to receive Massage Therapy:</b> |  |
| Veterinarian Signature:   |  |
| Print Name:   |  |
| Date:   |  |

Lindsay Cope respects the Veterinary Surgeons Act 1966 and Exemption Order 2015 by never working upon an animal without gaining prior veterinary approval.

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