

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:	
I hereby consent for the dog named above to receive Massage Therapy:	
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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