



**VETERINARY REFERRAL - OWNERS CONSENT FORM**

**East Midlands Clinical Canine Massage & Therapies**

Clinical Massage – Osteopathy – Prescribed Rehabilitation & Fitness Programmes - Laser

Lisa Binch T: 07418 082 240 E: lisa@emccm.co.uk



Owners Name	
Address	
	Postcode:
Mobile Number	
E-mail	

**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 request consent for my dog to be treated by Lisa Binch who is a member of the International Association of Animal Therapist & the Canine Massage Guild. I understand that the consenting vet or surgery shall not be held responsible, nor liable for any aspect of the Clinical Canine Massage/Therapy provided by the above-named therapist.*

Owner's Signature ..... Print Name.....Date .....

**PLEASE ENSURE YOUR VET COMPLETES THIS AREA BELOW ALONG WITH A SIGNATURE**

Please give details of the dog's medical history: - any areas of concern, areas requiring treatment, areas of caution and any special instructions	
<i>If you wish, please attach any medical history, or any notes which you may deem to be relevant</i>	
Is the dog on any medication, if YES, what?	
Veterinary Surgeon Name	Practice address or Stamp
If you wish to have my report emailed to you, please include your email address	Practice Telephone Number
I find no reason at this time why the above named dog cannot receive Clinical Canine Massage Therapy	
Signature of Veterinarian .....Print Name ..... Date .....	

*I, Lisa Binch acknowledge and respect the Veterinary Surgeons Act 1966 and the Veterinary Surgery (Exemptions) Order 2015 by never working upon an animal without gaining prior veterinary consent.*