WOLDS
Canine Massage Therapy

Olivia Whitfield-Heap
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Client Details

Name .....
Address .....
Postcode .....Telephone number .....
Email .....
Date .....

Dog Details

Name .....Breed .....
Sex ..... Neutered? Y / N Age .....
Insurance company (if applicable) .....

Referring Veterinary Surgeon's Declaration

Practice Name .....
Address .....
Postcode .....Telephone number .....
Email .....

Past medical history (please attach clinical notes if preferred) .....
.....
.....
.....
Current medication .....
.....
Please indicate any areas of concern
.....
.....
.....

The dog detailed above is suitable to receive canine massage & rehabilitation therapies:

_____	_____	_____
Signature	Print Name	Date

If during the massage the therapist deems that a veterinarian should be consulted then the owner will be informed and veterinarian contacted.

Olivia has completed canine massage & rehabilitation training, is a member of IAAT and holds valid professional indemnity & public liability insurance. Please use the contact details above if you require any further information