



Samantha Kable  
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**VETERINARY CONSENT FORM**

Owners Name:	
Address:	
Telephone No:	
Mobile No:	
Email:	

**Dog's Details**

Name:		Breed:		Colour:	
Sex:		DOB:		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 Samantha Kable.

Owner Signature: ..... Date: .....

Veterinary Surgeon:	
Practice Stamp – Address & Telephone No:	

**YOUR VET MUST COMPLETE AND SIGN THE AREA BELOW**

Reason for approach, treatment, areas of concern:
Is the dog on any medication? YES/NO If yes, what?

In your opinion is the dog named above in a suitable state of health to undergo Massage Therapy? Yes/No

**Signature of Veterinarian** ..... **Date** .....

Samantha Kable respects the Veterinary Surgeons Act 1966 and Exemption Order 1962 by never working upon an animal without gaining prior veterinary approval.