Roz Davies
Redanimo Dogs
www.redanimodogs.co.uk

Tel: 07958 656 119
Email: Roz.Davies@redanimodogs.co.uk

OWNER:

ADDRESS: **PHONE:**

MOBILE:

POSTCODE: **EMAIL:**

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 give consent for my dog to be treated by Roz Davies of Redanimo Dogs.

OWNER SIGNATURE: **PRINT NAME:** **DATE:**

VETERINARY SURGEON DETAILS

NAME:	
PRACTICE ADDRESS:	
TEL:	**PRACTICE STAMP:**

YOUR VET MUST COMPLETE THIS AREA BELOW ALONG WITH A SIGNATURE

Reason for approach, treatment, areas of concern
Is the dog on medication? 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:

* Delete as applicable

NB: Please attach further notes for medical history if necessary.
Should you have any queries, please call the number above and speak to Roz Davies.

Roz Davies of Redanimo Dogs acknowledges and respects the Veterinary Surgeons Act 1966 and Exemption Order 2015 by never working upon an animal without gaining prior veterinary approval.