



## VETERINARY CONSENT FORM

Owner's details:

Name:

Address:

Contact numbers:

Email:

Patient details:

Name:

Age:

Weight:

Sex:

Neutered:

Breed:

I declare I am the legal owner of the above animal and that all information presented is correct to the best of my knowledge.

I give consent for my dog to be treated by Melissa Castle.

Signature:

Print name:

Date:

Veterinary details:

Vets Name:

Vet's Address:

Vet's Stamp:

Tel:

Email:

Vet's Signature:

Print name:

Date:

Medications:

Pre-existing conditions/ relevant history – such as surgeries, areas of concern or medical conditions:

:

Is there a history of:

Cancer:

Infection:

Heart Disease:

Under the Veterinary Surgeons Act 1966 and exemption order 2015: I  
Melissa Castle seek veterinary consent to perform canine massage on the  
above animal. I am insured and a full member of the IAAT.