

GRACIE EXLER

Animal Massage Therapist

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MASSAGE THERAPIST
GEX ANIMAL MASSAGE THERAPY

VETERINARY CONSENT FORM

CLIENT DETAILS

NAME:.....

CONTACT NUMBER:.....

EMAIL:.....

ADDRESS:.....

PATIENT DETAILS

NAME:..... BREED:.....

SEX:..... AGE:..... HEIGHT:

I declare that I am the legal owner of the dog named above and I have provided correct information about the dog to the best of my knowledge. I give consent that Gracie Exler from GEX Animal Massage Therapy can apply treatment to my dog.

OWNER SIGNATURE:..... PRINT NAME: DATE:.....

VETERINARIAN DETAILS

(Your vet must complete this section and provide a signature)

VETERINARY SURGEON NAME:.....

CONTACT NUMBER:..... EMAIL:.....

PRACTICE ADDRESS:.....

VETERINARIAN COMMENT SECTION(Diagnosed condition(s), current medication, relevant treatment applied, areas of concern etc)

I consent Gracie Exler from GEX Massage Therapy can provide treatment for the dog named above and that the dog is in a suitable state of health to undergo treatment.

VETERINARIAN SIGNATURE :.....

DATE:.....