

Veterinary Referral and Client Registration Form

Please complete the "Owner" and "Canine" sections before passing to your vet, kindly requesting they complete the "Veterinary" section. Please bring the completed form to your dog's first appointment.

Owner	
Name	
Address	
Post Code	
Telephone number	
Email Address	

Canine			
Name			
D.O.B			
Sex	Dog / Bitch	Neutered	Yes / No
Breed		Colour	
Vaccinated	Yes / No	Date:	
Flea / tick treated	Yes / No	Date:	

Owner signature		Date	
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Veterinary	
Veterinary surgeon	
Practice address / stamp	
Telephone number	
Reason for recommendation	
Brief medical history / Details of current medication (if any)	

Veterinary Surgeon Declaration

In my professional opinion the above mentioned canine is in a suitable state of health to undergo therapeutic massage therapy.

Veterinary signature:

Date:

N.B. I am happy to provide treatment summaries upon request.

Sarah Kitching, Moor House Farm,
Durham Lane, Peterlee, SR8 3UL
Tel: 07881 813 347
Email: Durham_dogs@yahoo.co.uk



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I, **Sarah Kitching of Durham Dogs**, respect the Veterinary Surgeons Act 2015 and Exemption Order 1962
by never treating a canine without prior veterinary approval.