

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	

Owner signature		Date	
-----------------	--	------	--

All Canine's Information			
Vaccinated	Yes / No	Date:	
Flea / tick treated	Yes / No	Date:	
Reason for any recommendation			
Brief medical history / Details of current medication (if any)	<u>Dog 1 –</u>		
	<u>Dog 2 –</u>		
	<u>Dog 3 –</u>		
	<u>Dog 4 –</u>		
	<u>Dog 5 –</u>		
	<u>Dog 6 –</u>		
	<u>Dog 7 –</u>		
	<u>Dog 8 –</u>		

Canine 1			
Name			
D.O.B			
Sex	Dog / Bitch	Neutered	Yes / No
Breed		Colour	

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.

Canine 2			
Name			
D.O.B			
Sex	Dog / Bitch	Neutered	Yes / No
Breed		Colour	

Canine 3			
Name			
D.O.B			
Sex	Dog / Bitch	Neutered	Yes / No
Breed		Colour	

Canine 4			
Name			
D.O.B			
Sex	Dog / Bitch	Neutered	Yes / No
Breed		Colour	

Canine 5			
Name			
D.O.B			
Sex	Dog / Bitch	Neutered	Yes / No
Breed		Colour	

Canine 6			
Name			
D.O.B			
Sex	Dog / Bitch	Neutered	Yes / No
Breed		Colour	

Canine 7			
Name			
D.O.B			
Sex	Dog / Bitch	Neutered	Yes / No
Breed		Colour	

Canine 8			
Name			
D.O.B			
Sex	Dog / Bitch	Neutered	Yes / No
Breed		Colour	

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.

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.

Veterinary	
Veterinary surgeon	
Practice address / stamp	
Telephone number	

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



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.

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.