



## Veterinary Referral Form Massage Clearance

### Client Information

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Dog's Breed: \_\_\_\_\_

Dog's Birthdate (or approximate age if unknown): \_\_\_\_\_

### Veterinarian Information

Referring Veterinarian: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

I, \_\_\_\_\_, affirm that I have examined the above referenced canine and found that he/she is in good health and has no conditions that may be contraindicated by receiving a massage. Furthermore, I understand that the massage that is to be received by the above mentioned canine is for "feel-good" purposes only and does not purport to treat or diagnose any condition.

Signature of attending veterinarian: \_\_\_\_\_