



# Bounce Back Canine Massage Therapy

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info@bbcaninemassage.co.uk  
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Please indicate for which service the client is being referred:-

Massage Therapy

Class IV Laser Therapy

Owners Name Address	
Telephone No. Mobile No. E Mail	Post Code:

### Dog's Details

Name		Breed		Sex	
D.O.B		Colour		Neutered?	

I Declare I am the legal owner of the above-named dog and that all information presented is correct to the best of my knowledge. I give consent for my dog to be treated by **Bounce Back Canine Massage Therapy**.

Owner Signature: ..... Print Name .....

Date.....

Veterinary Surgeon	
Practice Address & Tel No./ Practice Stamp	

**YOUR VET MUST COMPLETE THIS AREA BELOW ALONG WITH A SIGNATURE**  
Reason for approach, treatment, areas of concern


Is the dog on medication? If yes, what:

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In your opinion is the dog named above in a suitable state of health to undergo treatment at Bounce Back Canine Massage Therapy for the specified modality?      Yes      No

Signature of Veterinarian ..... Date .....

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*Please attach further notes in relation to Medical History if necessary.  
Should you have any queries, please call Jo Long on the number shown above.*

**Bounce Back Canine Massage Therapy respects  
the Veterinary Surgeons Act 1966 and Exemption Order 2015  
by never working upon an animal without gaining prior veterinary approval**