

Shardlow Animal Therapies

Consent Form

For completion by the owner

Owner's Name: Address:	Contact numbers Home: Work:
Post Code:	Mobile: E-mail:

Dog's Name:	Sex:
Breed:	Colour:
Date of birth/age:	Last Vaccination date:

I/We declare that I/we are the legal owners of the dog named above and confirm that all the information on this form is correct. Further I/we have read and fully accept the Terms and Conditions printed overleaf.

Owner's signature(s):

Date:

For completion by the Veterinary Practice

Veterinary Surgeon:	Practice stamp:
Practice address:	
Telephone number:	
Dog's medical history/current injury or condition/areas of caution/comments/:	
Current medication:	

I give my consent for the above named animal to receive remedial massage treatment.

Veterinary Surgeon's signature:

Date:

Shardlow Animal Therapies

Jane Paradise Dip ICAT MACAT AMACC, 45 Liddington Road, Longlevens, Gloucester, GL2 0HL

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TERMS AND CONDITIONS

1. Animals will not be treated without the prior authorisation of their Veterinary Surgeon.
2. Whilst every care is taken of the animal undergoing treatment it is done so entirely at their owner's risk.
3. Animals with infectious or contagious diseases will not be treated.
4. Owners are required to notify the therapist if during a course of treatments, the animal's injury or condition worsens, or if the Veterinary Surgeon advises that the treatment is stopped or suspended.
5. Owners are required to notify the therapist if any contraindication (see table below) applies to the animal during a course of treatments.
6. The therapist reserves the right to refuse treatment to any animal.
7. Owners are required to provide adequate restraint apparatus and to be present at all times during the animal's treatment session.
8. The therapist reserves the right to use video footage and photographic stills taken during the treatment sessions.
9. The therapist cannot be held responsible for any loss or damage to vehicles or personal property, however occasioned, whilst on business premises.
10. Full payment is due at the time of the treatment, by cheque accompanied by bank card or in cash.
11. Bookings which are cancelled or re-scheduled more than 48 hours in advance are not charged for. Bookings which are cancelled or re-scheduled less than 48 hours in advance are chargeable in full.
12. The therapist holds current Professional Indemnity Insurance.

CONTRA INDICATIONS	
When massage should not be performed at all:	When massage should not be performed in full i.e. local area avoided:
Shock or low blood pressure	Bruises
Bitch is in whelp	Fractures (for first 3-6 weeks)
Fever present	Open sores or septic wounds
Cancerous cysts or tumours (unless for palliative care)	Unidentified lumps or bumps must be referred to the Veterinary Surgeon and massage suspended until identified.
Colic	Recent muscle/tendon tears
Diarrhoea e.g.	Recently healed wounds or scars
Any infectious or contagious disease, e.g. Tetanus, Parvovirus, Toxoplasmosis, Distemper, Bordatella (Kennel Cough), Hepatitis, Leptospirosis, Rabies.	Hernia
	Calcification formations around joints
	Phlebitis (inflamed veins)
	Arthritis or rheumatism too painful to allow massage

CONTRA ACTIONS (Reactions to massage that may be encountered)	
Thirstier	Tender localised area
Need to urinate more. Urine may be darker and smellier	
Sleepy and tired	

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