



Born to Run

ANGELA DAY, Clinical Canine Massage Practitioner helping dogs with chronic pain, OA, HD, IVDD, cruciate disease and soft tissue injury. Fully Insured Member:
- International Association of Animal Therapists (IAAT) & Canine Massage Guild

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CLIENT DETAILS

Name: _____

Address: _____

Postcode: _____ Telephone: _____

Email: _____

PATIENT DETAILS

Name: _____

Age: _____ Sex: M F NM NF

Breed: _____

Insured: Yes No Insurance Company: _____

Reason for treatment request: _____

Current Medication: _____

(TICK BOX) 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 consent for my dog to be treated by Angela Day who is a member of the professional association the Canine Massage Guild and IAAT. I accept full responsibility for divulging facts that may be relevant during treatment, particularly regarding any changes in my dogs' health.

VETERINARY DETAILS

Please accept this form as a request for veterinary approval for musculoskeletal treatment for the above-named dog. You and your practice are NOT LIABLE nor RESPONSIBLE for my treatment.

Please contact me if you require a letter from my insurer with full details 07730 133134.

Practice Name: _____

Telephone: _____ Email: _____

Address or stamp: _____

Treating Veterinary Surgeon _____

Are there any previous or current medical conditions you feel are relevant to consider during treatment.

Vet signature: _____ **Date:** _____