

Massage Release

Date: _____ Vet FAX: _____
Guardian Name: _____ Vet Phone: _____
Pet Name: _____ Breed: _____ Age: _____

Dear Dr. _____,

_____ has come to Sound Animal Massage to receive massage care. To assure the well-being of this pet, please note that massage is contraindicated for the following conditions;

Infectious diseases: Distemper, parvovirus, rabies (viral), hepatitis, tetanus, salmonellosis, tracheobronchitis

Skin conditions (undiagnosed or infectious): Bacterial, fungal, flea allergies, parasites, sarcoptic mange, demodectic mange, contact dermatitis, undiagnosed skin tumors

Congenital Heart disease: Stenosis, patent ductus arteriosus, septum defects, tumors of the heart

Until a veterinary examination is performed, massage should not be performed for symptomatic hip dysplasia, patellar luxation, and injuries of any joint.

Is _____ free of the above mentioned conditions or any other condition or concerns that would contraindicate massage treatment?

_____ Yes, pet may receive massage treatment

_____ No, pet may not receive massage treatment at this time

Veterinarian Signature

Date

As pet guardian of _____, I authorize the release of the aforementioned information by my veterinarian to Sound Animal Massage.

Guardian Signature

Date