



ZEN PAWS, LLC
CANINE MASSAGE THERAPY

Veterinary Referral Form for Massage Clearance

For Owner to Complete

Pet Parent's Name: _____

Pet Parent's Address: _____

Pet Parent's Phone Number: _____

Dog's Name: _____

Dog's Breed: _____

Dog's Age (Best Guess if Unknown): _____

Anything else I should know about your Dog?

Veterinarian Information

Veterinary Clinic: _____

Phone Number: _____

I, _____, certify that the above referenced pet is healthy enough to receive a canine massage.

Signature of Veterinarian or Veterinarian's Authorized Agent:

X _____

Date: _____

Canine massage therapy is not intended to replace Veterinary care. Veterinary approval is required prior to starting massage therapy. Please visit our website, email or call for any questions or more information.

703-755-5540

will@zennpaws.com

www.zennpaws.com

Serving Most of Prince William County and Parts of Fauquier County