



Julia Anderson

COMPLETELY
CANINE

Canine Myofunctional Therapist



0403 421374

ABN: 76 183 699 342

1. Client Form

Please complete this form and confirm that the treatment process has been explained to you and that you are happy for Julia Anderson to provide massage therapy to your dog/s.

Client Information

Full name:

Number & Street:

Suburb:

Post Code:

Contact No.:

Emergency Contact No.:

Declaration by Owner

By signing this form (or entering name below) I agree that I have disclosed all known medical conditions and consulted my vet as to the suitability of massage (if a condition is known). I will also provide updates on any changes in medical condition prior to further treatments. I therefore give permission for Julia Anderson to provide massage therapy to my dog/s at intervals agreed by me.

Signature (or name) of Owner:

Date:

How did you hear about Completely Canine?

Word of mouth ☐

Vet Referral ☐ Enter Vet's name/ Practice:

Internet/ Facebook ☐

Have seen your car ☐

Other (Please specify)

Julia Anderson is insured by Arthur J. Gallagher & Co (Aus) Limited

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