



Veterinary Consent Form

Holly Clarke (MSc Animal Manipulation, BSc Hons, EEBW)
07938 118290

Dog's Name:

Sex:

Owner:

Address:

Vet Practice name:

Vet practice address:

I am requesting permission to assess/give routine McTimoney Animal Chiropractic treatment for the above animal under the care of your practice. Please could you confirm permission by signing and returning this form.

Please state any medical issues, including injuries or conditions of the dog, including any areas of caution that need to be taken into consideration during treatment. Please also state any medication that the dog may be on.

OR

Has no diagnosis but routine McTimoney Animal Chiropractic session would be beneficial to the dog's management:

Yours sincerely

Holly Clarke

MSc Animal Manipulation, BSc Hons Equine Sports Therapy and Rehabilitation, Equinology Equine Body Worker (EEBW), RAMP, MAA

Veterinary Signature: _____

Date: _____