**VETERINARY CONSENT FORM**

 This animal has been referred for McTimoney and/or massage therapy

or

 A therapy session has been requested for this animal by your client

|  |  |
| --- | --- |
| **Client Name:**  | **Patient name:** |
| **Address:** | **Species/breed:**   |
| **Tel:** |
| **Reported problem/symptoms:**  |
| **Relevant medical history:** |
| **Name of Veterinary Practice:**  |

**I consent to the above named animal receiving treatment: Yes/No**

Signed: ………………………………………………………. Date: ……………………………..

Once completed, please return this form via email to info@catferguson.co.uk