**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](mailto:info@catferguson.co.uk)