

Veterinary Consent Form

A client of your practice has requested referral to Zen Canine Therapy. If you consent to treatment, please complete and return this form to zencaninetherapy@gmail.com.

Zen Canine Therapy acknowledges and adheres to the Veterinary Surgeons Act 1966.

I shall send reports via email to update you on the dog's progress after a course of treatments.

Veterinary Practice	
Veterinary Surgeon	
Address	
Telephone	
Email	

Therapist's Name	Jo Cuddy
Telephone	01580 878124
Mobile	07900 697383
Email	zencaninetherapy@gmail.com
Insurer	Balens Insurance (copy available upon request)

Dog's Name	
Owner Name	
Owner Address	
Telephone:	
Email:	

Reason for treatment /relevant medical condition(s)	
Current medication(s)	
Specific instructions / anything else	

I consent to **Jo Cuddy** of **Zen Canine Therapy**, performing manual therapies which, following a thorough assessment, may include massage, passive range of motion, Photizo light therapy and appropriate therapeutic/rehabilitation exercises on the above-named dog.

Signed:	
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(Veterinary Surgeon)

Date:	
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www.zencaninetherapy.com