



Veterinary Consent Form

Patients Name	Age	Breed	Weight

Owner's Full Name	
Owner's Address	
Owner's Contact Number	
Diagnosis	
Ongoing Diseases / Conditions	
Medications / Supplements	
Other Holistic / Complimentary Therapies Currently Being Received	

Consenting Vet Name	Signature

Declaration

I, as the consenting Veterinary Surgeon, am happy that massage therapy will compliment this patients treatment. I am confident the patient is healthy enough to receive massage therapy and it will not exasperate any ongoing conditions

Practice Address:
Practice Contact Number:

Clinical History emailed: <input type="checkbox"/>
Date Of Referral: