VETERINARY CONSENT FORM FOR CANINE MYOTHERAPY

THIS SECTION FOR COMPLETION BY OWNER

Name of Dog	
Name of Owner	
Address	
Contact no.	
I consent to Dr Les Ellam performing soft tissue manipulation & other massage techniques including passive movement exercise on the above named dog. Signature : (owner) Date:	

THIS SECTION FOR COMPLETION BY VETERINARY SURGEON

Veterinary Surgeon	
Practice Address & Stamp	
Telephone no.	
SUMMARY OF INJURY OR CONDITION, AREAS OF CAUTION, COMMENTS etc.	
(Please attach further notes for medical history if necessary)	
I consent to Dr Les Ellam performing soft tissue manipulation & other massage techniques including passive movement exercise on the above named dog. Signature : (Veterinary Surgeon) Date:	

I will only accept clients with the authorisation of their veterinary surgeon in accordance with the Veterinary Surgeons Act 1966 and Exemption Order 1962.
Insured with Balens Specialist Insurance Brokers. Member of the IAAT

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