



Veterinary Consent Form

Canine Bodywork Clinic

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Owner's Name:	
Address:	
Telephone No:	
E-Mail:	

Dog's Details

Name		Breed		Sex	
D.O.B		Colour		Neutered	

I declare I am the legal owner of the above-named dog, or am authorised by the legal owner, and that all information provided is correct to the best of my knowledge. I give consent for my dog to receive appropriate therapeutic treatment through Canine Bodywork Clinic (CBC), which may include hydrotherapy, clinical massage, physiotherapy, photobiomodulation (laser therapy), therapeutic exercise and other rehabilitation therapies. Treatment will be provided by a fully qualified practitioner working within their individual scope of practice and CBC clinical standards. I understand that the consenting/referring veterinary surgeon or practice shall not be held responsible or liable for any aspect of treatment provided by CBC or its practitioners.

I accept responsibility for providing all relevant information and informing CBC of any changes in my dog's health, medication or circumstances that may affect treatment.

Owner Signature: **Print Name** **Date**.....

YOUR VET MUST COMPLETE THIS AREA BELOW ALONG WITH A SIGNATURE

Details of condition requiring treatment & special instructions or areas of caution:

Please also attach any relevant medical history

Please list any medication the dog is currently on:

Veterinary Surgeon's Name:

Practice Address or Practice Stamp:

If you wish to receive reports, please provide an email address:

Practice Telephone Number:

I confirm that I have examined the above-named dog and consent to appropriate therapeutic treatment and rehabilitation through Canine Bodywork Clinic.

Signature of Veterinarian:

Print Name:

Date