 **Curley Canine Therapy**

**Veterinary Consent Form**

Veterinary Practice Click or tap here to enter text.

Veterinary Surgeon Click or tap here to enter text.

Email & Telephone number Click or tap here to enter text.

Dog’s name Click or tap here to enter text.

Owner’s name Click or tap here to enter text.

Owner’s address Click or tap here to enter text.

Email & Telephone number Click or tap here to enter text.

Reason for Treatment Click or tap here to enter text.

Veterinary Diagnosis

|  |
| --- |
| Click or tap here to enter text. |

Pre-existing Conditions

|  |
| --- |
| Click or tap here to enter text. |

Therapist’s Name **Carole Curley**

Email & Telephone number [info@curleycaninetherapy.co.uk](mailto:info@curleycaninetherapy.co.uk) **07775 663912**

Insurance details: Towergate, Professional Indemnity & Public Liability Insurance

I consent to Carole Curley performing canine myotherapy treatment on the above-named dog. I understand that I am not responsible for the treatment and that professional indemnity & public liability insurance is the responsibility of Carole Curley.

Signed: Click or tap here to enter text. M.R.C.V.S (Veterinary Surgeon) Date: Click or tap here to enter text.

|  |
| --- |
| Practice Stamp |

**Please return the signed & completed form to:** [**info@curleycaninetherapy.co.uk**](mailto:info@curleycaninetherapy.co.uk)

Thank you for your co-operation. I will forward a post treatment report to you by email.