



Hampshire Canine Therapy

GALEN
THERAPY
CENTRE



Veterinary Consent Form



Owner's Name:

Address:

Contact Telephone Numbers:

Contact Email Address:

Animal Name:

Breed:

Age

Sex:

Is the animal insured?

Referring Vet Details:

Vet Name:

Practice and Address:

Contact Telephone:

Email:



Hampshire Canine Therapy



Relevant Medical History:

(If possible please email any x-rays)

Details of current medication and dose

Veterinary Surgeons Declaration:

In my opinion the above-named animal is in a suitable state of health to undergo rehabilitation which may include massage, Pulsed Electro Magnetic Field Therapy (PEMF) and or Phototherapy (red or blue light)

Name:

Signature:

Date:

Please email to lisa@hampshirecaninetherapy.co.uk