Hampshire Canine Therapy

Veterinary Consent Form

Owners Name:	Vet Name:
Address:	Practice & Address:
Contact No:	
Animal Name:	Contact No:
Breed: Age: F/M:	Email:

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, exercises, Pulsed Electro Magnetic Field Therapy (PEMF), 3B Low Level Laser Therapy and or Phototherapy (red or blue light)

Name:

Signature: **Date:**

Please email to hampshirecanine@gmail.com

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