Little Green Stables



VET

Name

Name

Position

Signature

Date



Animal Physiotherapy, Acupressure, Massage & Myofascial Therapist

I have been contacted by one of your clients requesting treatment for their animal. In accordance with the Veterinary Surgery (Exemptions) order 1962, I am seeking your permission to treat this animal. I would be very grateful if a Veterinary Surgeon could provide consent via email or by completing this form.

Address		
Phone		
Email		,
CLIENT	ANIMAL	
Name	Name	
Address	Species	
	Gender	
	Age	
Phone	Reason for Treatment	
Email		
	Treatment Start Date	

"I hereby give veterinary consent for Rebeccah Baylis to treat this animal"

www.littlegreenstables.com 07799 837380 01460 234172# rebeccah.baylis@gmail.com