

Name of pet:

Breed:

Age:

Owner:

Adress:

Telephone number:

Email address:

Veterinarian address:

Telephone number:

E mail address:

Reason for treatment:

I give consent for the following therapies (please tick as appropriate):

Hydrotherapy underwater treadmill

Hydrotherapy pool

Massage therapy

Veterinary acupuncture

Laser therapy

Signed

Date