

# **Elizabeth Ford**

## **Canine Remedial Massage & Physical Therapist**

Institute of Complimentary Animal Therapies (ICAT) Diploma Distinction 2008

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At the request of the owner of the dog named below, please confirm that you give veterinary permission to receive soft tissue therapies and remedial exercise advice. I accept that you and your veterinary practice are not responsible for the therapies which I provide, and I confirm I have full insurance indemnity (Hiscox Ins Co Ltd 8122168)

**Owner Name:**

**Address:**

**Dog Name:**

**Date of Birth:**

**Breed:**

**M/F:**

Medical History (if relevant to this request):

Presenting Musculoskeletal Condition:

Medication/Advisory Comments:

Do you require feedback from Therapist?

Your email address/phone number:

**Vet granting permission: Print name**  
**Signature**

**Practice Stamp:**

**Owner Signature:**