



Kat McFarlane
Animal Massage Therapist
 Canine Massage Therapist
 Equine Sports Massage & Rehab Therapist
 Myofascial Release
 LLLT/Phototherapy
 Kinesiology Taping
 Member of IAAMB & IAAT



| | |
|-----------------------------------|--------------|
| TO: Veterinary Surgeon | DATE: |
| <u>Email:-</u> | PAGE: 1 of 1 |

I have been contacted by one of your clients requesting massage 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 grateful if a Veterinary Surgeon could complete this form and return via email km-esmt@outlook.com

If you wish to discuss this referral please contact me on 07457 404980. Treatment reports are available on request if required. For further information, you can also access my web page at www.km-esmt.co.uk

Kind Regards



Kat McFarlane

| | | |
|---|--------------|---------------|
| Client: | Animal Name: | |
| Address: | Species: | |
| | Gender: | Age: Years |
| Reason for treatment request? Pls can I have some HX? | | |
| Provisional date to start of treatment: | | |

"I hereby give veterinary consent for Kat McFarlane to treat this animal."

Name: _____ Position: _____

Signature: _____ Phone: _____ Date: _____

Comments: _____

YES: ___ I wish to receive some blank referral forms.

YES: ___ I wish to receive some leaflets on KM Animal Massage to make available to my clients.