



*Snowy's Canine Therapy Centre Limited*  
*The Stables*  
*Tilden Chapel Lane*  
*Smarden*  
*Kent*  
*TN27 8QN*  
*Tel: 01233 434068 / 07747 620625*  
*Email: info@kentcaninetherapycentre.co.uk*  
*Website: www.kentcaninetherapycentre.co.uk*

## REQUEST FOR VETERINARY CONSENT FOR MYOTHERAPY TREATMENT

Snowy's Canine Therapy Centre has been contacted by [ ] requesting an appointment for Myotherapy Massage.

Professional Indemnity and Public Liability Insurance Policy detail: Axa Insurance PLC  
Policy Reference Number: DYJX12AM01, Policy Number: 127478

Please confirm you agree to such treatments for the dog detailed below by completing and returning this form to us at your earliest convenience.

### DETAILS OF OWNER

Name: Home Tel:  
Address: Mobile:  
Email:

### DETAILS OF DOG

Dog's Name:  
Breed: Colour: DOB:  
Sex: M / F Neutered / Entire Insured: Y / N  
Insurance Company: Policy Number:  
Vaccination due date: Last wormed:

### VETERINARY DETAILS

Practice Name & Address:  
Tel: Fax: Email:  
Referring Veterinary Surgeon:

*Please continue on next page*

Reason for Treatment:

Veterinary Diagnosis:

Details of current medication:

Summary of dog's injury/condition, areas of concern, pre-existing conditions:

Temperament or other information that you feel the Therapy Centre should be aware of:

**I consent to Jacqueline Dyson performing Canine Myotherapy Treatment – soft tissue manipulation, and other massage techniques including passive movement exercises, where appropriate for soft tissue, specifically muscular conditions on the dog detailed above. YES / NO**

Subject to consent, please indicate how you would like to receive the subsequent treatment report:

Written report: YES / NO

Verbal Report: YES / NO

Email Report: YES / NO

**I understand that by giving consent, I am not responsible for any Myotherapy treatment given and the provision of professional indemnity insurance for this is the responsibility of Jacqueline Dyson.**

Signed:  
(Veterinary Surgeon)

M.R.C.V.S.

Date:

Print Name:

*Practice Stamp:*

**Please return this completed form to:  
info@kentcaninetherapy.co.uk or fax to 01233 770114**