



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 CONSERVATIVE
TREATMENT TO INCLUDE
HYDROTHERAPY/MYOTHERAPY/LASER THERAPY/PMFT**

DETAILS OF OWNER

Name:	Home Tel:
Address:	Mobile
Email:	

DETAILS OF DOG

Dog's Name:		
Breed:	Colour:	DOB:
Sex:	Neutered:	Insured:
Insurance Company		Policy Number:
Vaccination due date:	Last wormed:	

VETERINARY DETAILS



Practice Name & Address:

Tel:

Fax:

Email:

Veterinary Surgeon:

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:

In your opinion, is the dog detailed above in a suitable state of health to undergo Conservative Management at Snowy's Canine Therapy Centre by our qualified therapists? YES / NO

Do you give consent for Hydrotherapy either in the pool or aquatic treadmill? YES / NO

Do you give consent for Myotherapy Massage? YES / NO

Do you give consent for Class 4 Photobiomodulation Laser? YES / NO

Do you give consent for PMFT (Pulse Magnetic Field Therapy)? 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 Conservative Treatment given and the provision of professional indemnity insurance for this is the responsibility of Snowy's Canine Therapy Centre Limited, Policy reference number: DYJX12AM01.

Signed:

M.R.C.V.S.

Date:

(Veterinary Surgeon)

Print Name:

Practice Stamp:

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