**VETS CONSENT FORM**



Practice Stamp

Date:

Veterinary Practice Name and Address:

Veterinary Surgeon: ……………………………………………………………M.R.C.V.S

**Details of Galen Therapist Requesting Consent**

Name: CARLEY JACK

Mob: 07866432072

Email: carley@moraycaninemassage.co.uk

Professional Indemnity and Public Liability Insurance Policy details:

 Cliverton Insurance Policy Number JACX03HY01

**Details of Dog**

Dog's Name:

Handler's Name:

Handler's Address:

E-Mail: Tel No:

**Reason for treatment:**

**Veterinary Diagnosis:**

**Relevant pre-existing conditions:**

I consent to Carley Jack performing Canine Myotherapy Treatment (soft tissue manipulation, and other massage techniques including Passive Movement Exercises), along with Photizo Light Therapy, where appropriate, for soft tissue, specifically muscular conditions on the above named dog.

Please indicate how you would like to receive the subsequent treatment report

Written report Verbal report E-mail Report

Email address.....................................................................................................

I understand that by giving consent, I am not responsible for any Myotherapy or Photizo Light Therapy treatment given and the provision of professional indemnity insurance for this is the responsibility of Carley Jack

Signed: ………………………………………………………

M.R.C.V.S. (Veterinary Surgeon)

Date………………..………………

PLEASE RETURN THE ABOVE SIGNED FORM TO: Carley Jack at carley@moraycaninemassage.co.uk