CANINE Pawsibilities by Agnès Campan

VETERINARY CONSENT FORM

Owner's Details

Name

Address

Postcode

Telephone/Mobile

Email

Animal's Details

Name | Breed | Sex

D.O.B | Colour | Vaccinations

Veterinary Surgeon Section (to be filled by the veterinary surgeon treating the animal)

Veterinary Surgeon's Name

Practice Address | Practice Stamp

Practice Telephone:

Summary of the animal's condition, areas of concern, comments – If possible, please email or provide the dog's full medical history

Medication information

I hereby give my consent for the above named animal to receive physiotherapy treatments and clinical canine massage therapy treatments by Agnès Campan.

(Veterinary Surgeon) Signature | Date

I declare that I am the legal owner of the above named dog and that all information presented is correct to the best of my knowledge.

(Owner) Signature | Date

AHPR Animal Health Professions' Register

Agnès Campan - East Glacks Croft, Drumblade, AB54 6BJ Huntly
07818207814 - info@pawsibilities.co.uk
Member of the International Association of Animal Therapists
Member of the Animal Health Professions' Register
Member of the Canine Massage Guild
www.canine-pawsibilities.co.uk

Canine Massage Guild | IAAT