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McTimoney
Animal Chiropractic



Veterinary Consent Form

Owner Name: _____ Tel: _____

Address: _____

Animal Name: _____ Breed: _____

Gender: _____ Age: _____

Veterinary details:

Name of practice: _____ Tel: _____

The following treatments are available, please delete any that you do not permit:

Chiropractic Mobilisation/Stretching Massage/Myofascial release Kinesiology Taping

Please include details of any relevant clinical history including any current medications:

I give permission for this animal to receive the treatment(s) indicated above and have provided all relevant information that I feel could be of use in aiding assessment and treatment of the animal.

Veterinary Surgeon Signature: _____ Date: _____

Print: _____