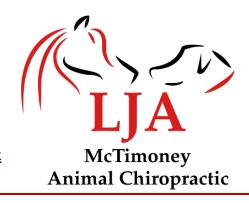
## Lauren Jade Allen BSc (Hons) MSc MMAA

T: 07794377684

E: lauren@cornwallanimals.co.uk

W: www.cornwallanimals.co.uk





## **Veterinary Consent Form**

Owner Name:			Tel:	
Address:				
Animal Name:		Breed	d:	
Gender:		Age:		
Veterinary details:				
Name of practice:			Tel:	
	s are available, please de			Kinesiology Taping
	any relevant clinical hist	, ,		
<u> </u>	s animal to receive the tro ould be of use in aiding a	• •		•
Veterinary Surgeon Signature:			Date	:
	Print:			