

VETERINARY CONSENT FORM

This animal has been referred for McTimoney and/or massage therapy

or

A therapy session has been requested for this animal by your client

Client Name:	Patient name:
Address:	Species/breed:
	Tel:
Reported problem/symptoms:	
Relevant medical history:	
,	
Name of Veterinary Practice:	
I consent to the above named animal receiving treatment: Yes/No	
Signed:	. Date:

Once completed, please return this form via email to info@catferguson.co.uk

Cat Ferguson, MSc (Distinction), MMAA

McTimoney Animal Therapist

catterguson.co.uk