



*Snowy's Canine Therapy Centre Limited*  
*The Stables*  
*Tilden Chapel Lane*  
*Smarden*  
*Kent*  
*TN27 8QN*

*Tel: 01233 434068 / 07341237716*

*Email: [info@snowyscaninetherapycentre.co.uk](mailto:info@snowyscaninetherapycentre.co.uk)*

*Website: [www.snowyscaninetherapycentre.co.uk](http://www.snowyscaninetherapycentre.co.uk)*

**REQUEST FOR VETERINARY CONSENT**

**DETAILS OF OWNER**

Name: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile \_\_\_\_\_  
Email: \_\_\_\_\_

**DETAILS OF DOG**

Dog's Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Colour: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_ Neutered: \_\_\_\_\_ Insured: \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Vaccination due date: \_\_\_\_\_ Last wormed: \_\_\_\_\_

**VETERINARY DETAILS**

Practice Name & Address: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Veterinary Surgeon: \_\_\_\_\_  
Reason for Treatment: \_\_\_\_\_  
Veterinary Diagnosis: \_\_\_\_\_  
Details of current medication: \_\_\_\_\_



Summary of dog's injury/condition, areas of concern, pre-existing conditions:

Temperament or other information that you feel the Therapy Centre should be aware of:

Please confirm that Veterinary Consent is given for the above dog to attend Snowy's Canine Therapy Centre to undertake one or all the below treatments with our qualified therapists.

Veterinary Physiotherapy YES / NO

Electrophysical agents; LASER, INDIBA, Winback and PMFT YES/NO

Hydrotherapy either in the pool or aquatic treadmill? YES / NO

Do you give consent for Myotherapy Massage? YES / NO

Subject to consent, please indicate how you would like to receive the subsequent treatment report:

Written report: YES / NO

Verbal Report: YES / NO

Email Report: YES / NO

Signed:  
(Veterinary Surgeon)

M.R.C.V.S.

Date:

Print Name:

Practice Stamp:

**Please return this completed form to: [info@snowyscaninetherapycentre.co.uk](mailto:info@snowyscaninetherapycentre.co.uk)**

