



McTimoney Animal Practitioner
& Low Level Laser Therapist

FELINE VETERINARY CONSENT

One of your clients has requested McTimoney Manipulation/Low Level Laser Therapy treatment on their cat. To indicate your consent could you please fill out the form below and send it back to me. I can be contacted on any of the numbers below or emailed if you wish to discuss this case. Please include any recent or relevant veterinary history with this consent form.

Thank you.

Clients name:

Home address:

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Home number: Mobile:

Animals name: Age:

Sex: Breed:

Colour: D.O.B:

Name of Veterinary Surgeon:

Practice name/address:

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Email:

Telephone: Fax:

Mobile: