

practice stamp

Date: .....

Veterinary Details:

Veterinary Surgeon:.....M.R.C.V.S

Details of Galen Therapist Requesting Consent:

Name:Monika Papp

Mob:07856222276

Email: Monika@pawzandrelax.co.uk

Professional Indemnity and Public Liability Insurance Policy details: Cliverton Insurance PAMX04HY01/Monika Papp

Details of Dog:

Dog's Name: .....

Handler's Name:.....

Handler's Address:.....

E-Mail.....Tel No: .....

Reason for treatment:.....

Veterinary Diagnosis:.....

Relevant pre-existing conditions: .....

I consent to Monika Papp performing Canine Myotherapy Treatment (soft tissue manipulation, and other massage techniques including Passive Movement Exercises), along with Photizo Light Therapy/3B laser therapy, where appropriate, for soft tissue, specifically muscular conditions on the above named dog.

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

Written report: YES / NO Verbal report: YES / NO E-mail Report YES / NO (email address.....)

I understand that by giving consent, I am not responsible for any Myotherapy treatment given and the provision of professional indemnity insurance for this is the responsibility of Monika Papp.

Signed:.....M.R.C.V.S. (Veterinary Surgeon)

Date.....

PLEASE RETURN THE ABOVE SIGNED FORM TO: Monika Papp at Monika@pawzandrelax.co.uk