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Registered Vet Nurse, McTimoney Animal Therapist & Canine Hydrotherapist

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Veterinary Physiotherapist

## CLIENT DETAILS

Reason for Treatment: Client Request  Vet Referral

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## PATIENT DETAILS

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F  NM  NF

Insured:  Y  N Insurance Company: \_\_\_\_\_ Breed: \_\_\_\_\_

Previous & Current Medical Conditions: \_\_\_\_\_

Current Medication: \_\_\_\_\_

When was the patient last seen by a vet and what for: \_\_\_\_\_

## VETERINARY DETAILS

Practice Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Treating Vet: \_\_\_\_\_

I hereby give my consent for the following complementary treatment(s) to be given to the above named patient.  
Please cross through the treatments that you do NOT wish the patient to have.

McTimoney Manipulation (chiropractic techniques) | Veterinary Physiotherapy  
Soft Tissue Massage | Low Level Laser Therapy

I All members of Yorkshire Animal Therapy are fully qualified in their chosen fields, regularly partake in additional CPD courses and are fully insured (documents can be viewed on our website). By signing this document you are not accepting legal responsibility for the practitioner's actions but you are agreeing that the above named patient is deemed "fit & healthy" enough to receive the above named treatments and that there is no known reason which may contraindicate such treatment or compromise the health of the above named patient.

Vet Name: \_\_\_\_\_ Vet Signature: \_\_\_\_\_ Date: \_\_\_\_\_