



EAST SUSSEX
OSTEOPATHS

Veterinary Consent Form

Name of attending veterinary surgeon *

RCVS registration number *

Name and address of veterinary practice *

Email of the veterinary practice

Full name of patient *

Full name of owner *

Relevant medical history *

I give consent for Chantal Prince of East Sussex Osteopaths to treat the above named patient for Osteopathic Treatment and Laser Therapy. I have attached any relevant medical history I feel could be of use on aiding assessment and treatment of the patient.

Signature *