

Veterinary Acknowledgement of Complementary Therapies

Holistic Therapies

Equine  Feline
 HolisticTherapiesAZ@gmail.com
 (615) 429-7998



Owner's Name:				
Address:				
Telephone:				
Cell:				
Email:				
Animal's Name:				
Breed:				
Age:		Sex:		Color:
<p>I declare that I am the legal owner of the above-named animal and that all information presented is correct to the best of my knowledge. I request consent for my animal to have massage therapy, craniosacral therapy, kinesiology taping, and/or cold laser therapy performed by Lorie Knapp of Holistic Therapies Equine & Feline Bodywork, who is a professional member of the <i>International Association of Animal Massage & Bodywork / Association of Canine Water Therapy</i>. I understand that the consenting veterinarian or clinic shall not be held responsible, nor liable for any aspect of the therapies provided by the above-named practitioner.</p>				
<p>I accept full responsibility for divulging facts that may be relevant during treatment, particularly regarding any changes in my animal's health.</p>				
Owner's Signature:				Date:
Print Name:				
Veterinarian:				
Clinic Name and Address:				
Clinic Telephone:				
Email address (if you wish to have reports emailed to you):				
YOUR VET MUST COMPLETE THE AREA BELOW ALONG WITH A SIGNATURE Details of the condition requiring treatment & special instructions or areas of concern				
Is the animal on medication? If yes, what:				
Do any of these medications cause photosensitivity?			YES	NO
I find no reason at this time why the above-named animal cannot receive therapy from Holistic Therapies Equine & Feline Bodywork .				
Signature of Veterinarian:				Date:
Print Name:				