



Request for Veterinary Consent for chiropractic care

Name of Owner:

Name of Animal:

Breed:

Name of Vet:

Practice Name & Address:

Phone Number:

Reason for seeking chiropractic care:

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Comments:

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.....

I authorise Wessex Chiropractic to give chiropractic treatment to the above named animal.

Signed:

Date:

Would you like to receive a written report? (delete as applicable)

Yes (by post / e-mail)

No