

Keith Galer BSc (Hons)

osteopathclinics.com

ANIMAL OSTEOPATHY – CONSENT FORM

TO THE ANIMAL OWNER – please complete this section

HORSE/DOG'S NAME

OWNER'S NAME

I am the owner of the above animal and wish it to have osteopathic treatment from

Keith Galer – Registered Osteopath

After consultation with my Veterinary Surgeon, he/she has given permission for the designated Osteopath to examine/treat, as appropriate, the above named animal.

I have contacted Veterinary Surgeon and confirm that I have complied with the above requirements.

Signed: (owner) **Date:**

TO THE VETERINARY SURGEON – please complete this section

After consultation I confirm that, in my opinion, Osteopathy will provide suitable treatment for the above-named animal.

Signed: (Vet) **Date:**

Please return to: The Osteopathic Clinic, 152 Liverpool Road, Chester CH2 1AX