

VETERINARIAN CONSENT FORM

Hands 4 Hooves, LLC

(303) 475-3457 • hands4hooves@gmail.com • www.hands4hooves.com

Date:

Owner Name:

Phone:

Address:

City:

State:

Zip Code:

Email:

Animal's Name:

Sex:

Age:

Breed:

Color:

Height:

Lameness/Condition:

I declare that I am the legal owner or authorized agent of above-named animal and that all information is correct to my knowledge. I give consent for the above animal to receive bodywork/therapy by Amanda Bowers, Hands 4 Hooves, LLC.

Name (print):

Signature:

Date:

YOUR VET MUST COMPLETE THIS SECTION ALONG WITH A SIGNATURE

Medication:

Comments (current/previous relevant treatment, area(s) of concern, etc.)

PLEASE ATTACH ANY MEDICAL HISTORY YOU DEEM RELEVANT

Veterinarian Name:

Practice:

Practice Address:

City:

State:

Zip Code:

Phone:

Email:

I am not aware of any contraindications to the animal named above receiving bodywork/therapy and give Amanda Bowers, Hands 4 Hooves, LLC my consent to give therapy.

Name (Print):

Signature:

Date: