



Liz Eddy Shiatsu

www.nose2tailshiatsu.com

www.equestrian-shiatsu.com

Vet referral & Consent form

Client's name & address.....
.....

Animal's name.....

Animal's species..... Breed..... age.....

Vet Diagnosis.....

Veterinary treatment given for this condition.....
.....

Note any medication the animal is currently on.....

Any precautions or specialist instructions.....
.....

Vet's name.....

Vet Practice & address.....
.....

Is consent given for the animal mentioned above to be treated by Liz Eddy, canine and equine Shiatsu?

Please circle —yes/no . If consent not given, please give details.....
.....

With thanks, Liz Eddy BSc, tESA(P)

07717174444