



**ELLY ADAMS THERAPIES**  
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**Veterinary consent form for Canine Bowen Therapy**

Name of client  Name of dog/cat

Address

Telephone  Email

Dog/cat information:

Breed

Age  Sex : **M/F** Neutered/Spayed: **Y/N**

Name of Veterinary Surgery

Address & Telephone

Name of Veterinary Surgeon  Email

Details of medical history/current medications/previous surgeries/other veterinary interventions

I have examined the dog/cat recently and am happy to give permission for this animal to receive Canine Bowen Therapy from Elly Adams Therapies.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Surgery stamp here please.