

			Wellness Strength Performance
Owner Details		Animal Details	
Name:		Name:	
Address:		Breed:	
Tel:		Age:	
Email:		Sex:	
Veterinary Consent			

	Veterinary Consent
Veterinarian	
name:	
Practice:	
Tel:	
Email:	
Relevant	
medical history:	
Current	
medication:	
	give my consent for to receive
physiotherapy	treatment by CORE Veterinary Physiotherapy. I will provide relevant clinical history.
Signed:	Date:
<u>-</u>	

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