



Canine Myotherapy and Therapeutic Exercise
'Helping to prolong the quality of life for all dogs'

Caroline Zuber DipCMT
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Date:

From.....MRCVS
(Veterinary Surgeon)
Practice address:

Tel:-

I consent to **Caroline Zuber**, from Galen Therapy Centre, performing **Canine Myotherapy Treatment** (soft tissue manipulation, and other massage techniques including Range of Motion and Passive Movement Exercises as and where appropriate. I also consent to the application of **Low Level Laser Therapy and/or Ultrasound Therapy** (if required), for specific soft tissue conditions on the following dog:

Dog's Name:Breed:Age.....

Owner's Name:

Owner's Address:

Telephone Number:

Diagnosis: _____

Current Medication: _____

Pre-existing conditions: _____

I understand by giving consent, I am not responsible for any Myotherapy treatment given and the provision of professional indemnity insurance for this is the responsibility Caroline Zuber.

Signed: Date.....
(Veterinary Surgeon)

(Subject to consent, please indicate how you would like to receive the subsequent treatment report)

Written report: YES / NO E-mail Report YES / NO Verbal report: YES / NO

Galen Therapy Centre
'Improving Mobility and Fitness in Dogs'



Member of the Canine Association of Accredited Myotherapists
Full Professional Indemnity and Public Liability Insurance held.
Policy No SGLCH00917