

Shenick Rehabilitation Centre

Unit 5, Skerries Point Shopping Centre Kellys Bay, Skerries, Co. Dublin, K34W226 Email: info@Shenickvets.ie Tel: +35318493071

VETERINARY CONSENT/ REFERRAL

Patient details			
Name		Breed	
Sex		Date of birth	
Vaccinated (Y/N)		Is dog insured	
Reason for Treatm	ient:		
Veterinary Details			
Practice Name			
Address			
Contact Information			
Referral/	Consent for:		
Hydroth	nerapy Massage	Laser Therapy	
_	ion of professional indemnity insurar k Veterinary Centre.	nce for hydrotherapy treatment	is the sole responsibility
give conse	confirm that the dog mentioned about the confirm that the dog mention about the confirmation and liability for treatments.	n to begin treatment. I under	stand that by signing
Print nan	ne:Signa	ture:Dat	te:
_	ed and completed please return to Sh the full patient medical history.	nenick Veterinary Centre via <u>In</u>	fo@shenickvets.ie