



## Request for Veterinary consent for care

Chiropractic care is **NOT** intended to replace traditional veterinary care

Name of owner:

Name of animal:

Breed:

Age:

Name of vet:

Practice name and address:

Phone number:

Reason for seeking Chiropractic care:

Additional Comments:

I authorize Taibach Chiropractic/Animal Chiropractor South Wales to provide chiropractic treatment to the above animal.

Signed:

Dated:

Animal Chiropractor South Wales  
33 Commercial road, Taibach, SA13 1LN  
animalchirowales@gmail.com  
[www.animal-chiro.co.uk](http://www.animal-chiro.co.uk)  
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