



City Way Health Clinic, Fort Pitt House, New Road, Rochester, Kent ME1 1DX  
T. 01634 403403 E. info@citywayhealthclinic.co.uk

**To: City Way Health Clinic**

**Re: Referral for Canine Osteopathic Treatment**

I (Vets Name) : .....

At (Veterinary Practice): .....

Am happy for you to consult and, if appropriate, provide Osteopathic treatment to this dog which presents with (short description of problem):

.....  
.....  
.....

Clients Name: .....

Address: .....

.....

Dogs Name..... Age:.....

Breed:.....

I confirm that by signing this form, I give permission for the above mentioned dog to be assessed and treated the above mentioned problem.

If I require any details of the treatment, I am able to contact you and obtain such information from you.

Veterinary Surgeon (please print name):.....

Signature:.....Date:.....

Thank you