



LARA COGHLAN

Equine & Canine McTimoney Chiropractor
Soft tissue therapy | Low level laser therapy
MSc (Distinction), PGCert, BSc(Hons), MMAA, MRAMP

Owner name _____

Animal's name _____

Veterinary Surgeon Details

Practice name	
Referring Surgeon	
Email	

Reason for Referral or Consent

Preliminary reason for referral or consent – e.g. maintenance/performance related, post operative rehabilitation, conservative management of an underlying condition	
Prescribed medications	
Cautions e.g. arthritis, behavioural issues, arthritis	
Date of last examination	
Medical history	We have provided a copy of the full medical history as requested by the owner.

☎ 07780 870777 ✉ laracoghlanmctimoney@gmail.com





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Veterinary Surgeon Declaration

I consent that the above named animal attends for chiropractic treatment.

PRINT NAME _____

SIGNATURE _____

DATE _____

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