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This client has been referred for K laser treatment. Please return form to the email above.

### K LASER CONSENT FORM

<b>Patient name</b>	<b>Species</b>	<b>Breed</b>
<b>Age/DOB</b>	<b>Sex</b>	<b>Neutered Y/N</b>
<b>Client name</b>	<b>Client address</b>	<b>Client Tel</b>

<b>Reported problem</b>
<b>Relevant medical history</b>
<b>Investigations</b>
<b>If and When a follow up is planned</b>

I consent to the above animal receiving K LASER treatment

Practise name and address:

SIGN:

DATE:

PRINT:

Correspondence preferred: Email

letter

phone call