



**Jacqueline Armitage
Quindrew MTC**

Woodstead, 15 Wragby Road
Sudbrooke, Lincoln LN2 2QU
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QUINDREW MYOTHERAPY CENTRE
AUTHORITY TO PRACTICE MYOTHERAPY

I(name of handler)
and handler/owner of(dogs name)
of (address)
.....

Clearly understand that Jacqueline Armitage will accept no responsibility for accident or illness arising from the treatment provided to the dog named above during or following myotherapy, and fully understand that while every effort will be made to help and improve the dog by the use of myotherapy by the use of myotherapy and passive movement, there is no guarantee of success.

I also clearly appreciate that Jacqueline is covered by full liability insurance.

My vet..... is in full knowledge of the situation and has agreed to myotherapy being given.

SIGNED DATE.....