A dog and cat with a bottle of medicine

Description automatically generated

Donna Long IMIM IAAT

Applied Zoopharmacognsy Practitioner

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| To:  A client of yours has contacted Donna Long – IMIM Applied Zoopharmacognsy Practitioner, requesting an appointment for treatment.  Under the IAAT regulations, veterinary permission is required for any animal currently receiving veterinary medicine, prior to receiving Applied Zoopharmacognsy. | | |
| Animals name:  Age:  Species: | Owners Name:  Sex:  Breed: | |
| **Veterinary Details**  Veterinary Surgeon Name:  Practice:  Address: | | |
| Do you give consent for this animal to receive Applied Zoopharmacognsy?  Please provide a summary of the animal’s condition/injury and any further comments. | | YES NO |
| Veterinarians Signature: | | Date: |

Please email to [donna.long@sky.com](mailto:donna.long@sky.com) or telephone 07968 969730