

IATS[®]

International Association of TheraPlate Specialists

CONSENT FORM

NAME:

- I agree for **COMPANY NAME** to treat the above Horse / Person / small animal.
- Payment is due on delivery of service.
- The Theraplate is not suitable for the treatment of blood clots.
- None of the treatments are intended to replace or act as an alternative to conventional treatments given by a veterinary professional. The Veterinary Surgery Act 1966 (amended 1996) prohibits anyone other than a Veterinary Surgeon to diagnose ailments & the giving advice on such diagnosis.

I give permission for any images taken to be used for marketing purposes
(cross out as needed)

I confirm that I am the owner/agent of the above.

Signature:

Date:

Address:

Telephone:

Email: