



Canine Bowen Therapy ~ the therapy dogs just love!

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Dear Sir/Madam,

The person giving you this letter, wishes their dog (details below) to receive Canine Bowen Therapy. May I please ask you to stamp and fill in the dogs relevant history. If you require further clarification on the Canine Bowen Technique, or would like a demonstration. please contact me on the above number .

You may wish to look at my web site, [www.sportydogs.co.uk](http://www.sportydogs.co.uk) more information on Canine Bowen Therapy.

Veterinary Practice Details/Office Stamp


I have examined the following dog within the last year/ the dog is registered with our practice , and can confirm that it is suitable for Canine Bowen Therapy.

Owner's Name/Address		
Dogs Name:	Breed:	Age:
Summary of Medical History:		
Medication details:		
Name of Veterinary Surgeon:		

Would you like to be kept informed about the treatment sessions? Yes / No. If so, please circle to indicate whether by telephone Yes/No or written report Yes/No

Signed:

Date:

The therapy dogs just love!

