Veterinary Consent Form

*May be completed by Vet or Owner:*

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| --- | --- |
| Patient Name:  | Species/Breed:  |
| Age:  | Sex:  |

|  |  |
| --- | --- |
| Client name:  | Telephone:  |
| Address:  | Email:  |

*Must be completed by Vet only:*

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| --- | --- |
| Practice name:  | Practice phone number:  |
| Practice address:  | Practice email:  |
| Presenting complaint & any relevant history, including medication:  |
| VETERINARY CONSENT:I confirm that I have examined the above animal and have deemed them suitable to receive veterinary physiotherapy. I understand that the veterinary physiotherapist is fully insured for the work they carry out and is suitably qualified to assess and treat as they deem appropriate. | OWNER CONSENT:I hereby certify that I give permission for veterinary physiotherapy to be performed on my animal. I give permission for the veterinary physiotherapist to discuss treatment with my veterinary surgeon and understand that my animal may be referred back to the veterinary surgeon. |
| VETERINARY SURGEON SIGNATURE: | OWNER SIGNATURE: |
| PRINT NAME: | PRINT NAME: |
| DATE: | DATE: |

*Once completed please email to me at least 24hrs before first appointment or bring with you if printed*