Veterinary Consent Form

*May be completed by Vet or Owner:*

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

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| --- | --- |
| 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*