



## Veterinary Consent Form

Owner's name	
Address and postcode	
Phone/mobile number	
Email address	

Animal's name		Species		Sex	M / F
D.O.B		Breed / Colour		Neutered	Y / N

Reason for seeking physiotherapy or massage treatment	
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I request consent for my dog / cat / horse to be treated by Alison Pearce, who is a member of the professional associations the National Association of Veterinary Physiotherapists and the Canine Massage Guild.

Owner Signature:

Print Name:

Date:

Veterinary practice name and address or practice stamp	
Phone Number	
Email	

### YOUR VET MUST COMPLETE THE SECTION BELOW ALONG WITH A SIGNATURE

Clinical conditions / treatment  (Please attach recent clinical history)	
Current medication	

I confirm that I find no reason at this time why the above named animal cannot receive physiotherapy, and I consent to the treatment of this animal by Alison Pearce.

Veterinary Surgeon Signature:

Print Name:

Date: