**Veterinary Physiotherapy Consent Form**

**Owner’s Details:**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |

**Animal’s Details:**

|  |  |
| --- | --- |
| **Name** |  |
| **Age** |  | **Sex:** |  | **Entire:** | **Y / N** |
| **Breed** |  |
| **Height** |  | **Colour** |  |
| **Diagnosis** |  |
| **Medication** |  |
| **Pre-Existing Conditions** |  |
| **Other** |  |

**Treating Veterinarian’s Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Practice Name and Address** |  |
| **Telephone** |  |
| **Email** |  |

I hereby consent to this animal having veterinary physiotherapy assessment and treatment. Signed: ………………………………………… Date: / /