Veterinary Physiotherapy Consent Form

This animal has been referred for physiotherapy **OR** the client has requested a physiotherapy assessment/treatment for their animal.

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| **OWNER DETAILS** Name:Address:Email: Phone:Do you give consent to SD Veterinary Physiotherapy to obtain and hold contact details & relevant information needed to provide physiotherapy to your animal?**NO** **YES**  |
| **ANIMAL DETAILS**Name: Breed:Age: Date of last Vaccs:**NO** **YES** Sex: Colour: Insured:  |
| Current or Presenting Problem:Current Medication:Current Investigations:Relevant Pre-Existing Conditions: |

*I give consent for this animal to receive physiotherapy assessment & any such appropriate treatment, declaring to the best of my knowledge, there is no medical reason why this animal cannot undergo physiotherapy. By providing consent, I am not responsible for any physiotherapy assessment or treatment undertaken. I also am aware that the provision of professional indemnity insurance for Veterinary Physiotherapy treatment is the sole responsibility of Shelby Dowding.*

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| Vet Practice: Name of Veterinarian:Phone: Email: Signature: Date:**NO** **YES** Do you require a written report after initial assessment?Do you give consent for SD Veterinary Physiotherapy to obtain and hold your contact details? **NO** **YES**  |

Once completed please return to sd.vetphysio@gmail.com or client.