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.