



## *Veterinary Physiotherapy Consent Form*

Section A & B may be filled by the owner, vet physio or vet. Section C must be completed by the veterinary surgeon and then returned via email prior to the first treatment.

### Section A – Owners Details

Date:

<b>Name:</b>	
<b>Mobile/Home Telephone/Email:</b>	
<b>Address:</b>	
<b>Client Signature:</b>  (can be signed on the day of the first appointment)	

### Section B – Details of Animal

<b>Name:</b>		<b>Insured?</b>	
<b>Breed:</b>		<b>Insurance Company:</b>	
<b>Sex:</b>		<b>Date of Vaccination:</b>	
<b>D.O.B:</b>		<b>Work type (if any):</b>	

### Section C – Veterinary Practice

<b>Veterinary Surgeon:</b>		<b>Contact telephone:</b>	
<b>Practice address:</b>		<b>Contact email:</b>	

*Greta Cicognani BSc(Hons), MSc VetPhysio*  
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**Please complete *if* relevant:**

Diagnosis (if relevant)	
Relevant medical history and medications	
Treatments since injury/surgery (if relevant):	

Veterinary Surgeon Declaration

Date:

I consent to this animal having a physiotherapy assessment and appropriate treatment.

Name:

Signature:

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