**Veterinary consent form for Physiotherapy**

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| **Client name:**  |
| **Email:** |
| **Telephone:** |
| **Address:** |
| **Patient name:** |
| **Breed:** |
| **Gender:** |
| **Age:** |
| **Insurance company:** |

**To be completed by Veterinarian:**

|  |  |
| --- | --- |
| Current condition/diagnosis for treatment |  |
| Pre-existing conditions e.g. epilepsy, skin/eye/ear conditions, tumours (benign/malignant) |  |
| Medications |  |
| Behavioural considerations e.g. aggressive, nervous |  |
| Please give any extra details about the above or patient below:  |

**Veterinary declaration:**

I certify I have examined the aforementioned patient and deem it safe for the patient to undertake physiotherapy. I take no responsibility for the treatment carried out and it is the physiotherapists responsibility to provide professional indemnity insurance.

Would you like to receive a report? y/n

Please return this form along with full clinical history to eleanorbuistvp@outlook.com.

Veterinarian signature: …………………………………………… Print name: …………………………………………….

Date: Practice stamp: