**Veterinary Physiotherapy Consent Form**

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| **Patient Name:** | **Species /breed:** |
| **Age:** | **Sex:** |

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| **Client name:** | **Telephone:** |
| **Address:** | **Email:** |

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| **Practice name:** | **Practice phone number:** |
| **Practice address:** | **Practice email:** |
| **Presenting complaint & any relevant history, including medication:** | |
| **VETERINARY CONSENT:**  I confirm that I have examined the above animal and have deemed them suitable to receive veterinary physiotherapy assessment and treatment. I understand that the veterinary physiotherapist is fully insured (via Balens) for the work they carry out, and is suitably qualified (Post-graduate diploma) to assess and treat as they deem appropriate. | **OWNER CONSENT:**  I hereby certify that I give permission for veterinary physiotherapy treatment to be performed on my animal,and I have read the terms and conditions and privacy policy on the website. I give permission for the veterinary physiotherapist to discuss treatment with my veterinary surgeon and understand that the veterinary physiotherapist may refer my animal back to the veterinary surgeon, and may be required to provide information on treatment to my insurance company if requested. |
| **VETERINARY SURGEON SIGNITURE:** | **OWNER SIGNITURE:** |
| **PRINT NAME:** | **PRINT NAME:** |
| **DATE:** | **DATE:** |