

VETERINARY PHYSIOTHERAPY CONSENT FORM

OWNER DETAILS

Name			
Address			
Telephone		Mobile	
Email			

ANIMAL DETAILS

Name		Age	
Breed		Sex	
Colour		Neutered	
Reason for Referral			
Medication			
Pre-Existing Conditions			
Current Medical Investigations			

I declare that I am the legal owner of the named animal and that the information above is correct. I confirm that I give consent to Cara Curtis-Mays to perform physiotherapy treatment on my animal.

PRINT NAME _____ SIGNATURE _____ DATE ___/___/___

VETERINARY SURGEON DETAILS

Name of Practice	
Address of Practice	
Telephone	
Email	
Name of Surgeon	

In your opinion, is the animal in a suitable health state to undergo physiotherapy? **Yes/No*** (*Delete as appropriate)

SIGNATURE _____ DATE ___/___/___

Cara Curtis-Mays respects the Veterinary Surgeons Act 1966 and Exemption Order 1962 by never working upon an animal without gaining prior veterinary approval.