

## Balance Veterinary Physiotherapy

### Veterinary consent form

Owners information	
Name	
Address	
Telephone number	
Email	

Owners signature	
<p>I, the owner of the animal named below, give my consent for this animal to receive physiotherapy treatment from Anna Jessop at Balance Veterinary Physiotherapy and consent to the terms and conditions as directed. Payment is due either on the day or up to 5 days after appointment or invoice.</p> <p>Cancellations made within 48 hours prior to appointment are subject to 50% payment and within 24 hours are subject to 75% payment.</p>	
Signed	
Date	

Animals details	
Name	
Age	
Sex	

<b>Breed</b>	
<b>Veterinary Practice</b>	
<b>Relevant medical history /injuries/ medication</b>	
<b>Current Exercise</b>	
<b>Insured Y/N</b>	
<b>Patient Temperament</b> (Please indicate if anxious, aggressive or overly excitable)	