**Owner Consent Form**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient name:** |  | **Species/ breed:** |  |
| **Age:** |  | **Sex:** |  |

|  |  |
| --- | --- |
| **Veterinary Surgeon/ Practice:** |  |
| **Practice contact details:** |  |
| **Presenting complaint:** |  |
| **Any current treatments or medication?** |  |

**Declaration**

I hereby certify that I give permission for veterinary physiotherapy treatment to be performed on my animal. I also give permission for the veterinary physiotherapist to discuss any findings and treatment with my veterinary surgeon. I understand that the veterinary physiotherapist may refer my animal back to the veterinary surgeon.

Owner signature:

Print name: Date: