**Veterinary Physiotherapy Consent Form**

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

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

|  |  |
| --- | --- |
| **Veterinary Surgeon:** |  |
| **Practice name and address:** |  |
| **Contact details:** |  |
| **Any current diagnosis/ presenting problem?** |  |
| **Relevant medical history/ medication:** |  |
| **Any specialist instructions/ contraindications?** |  |

**Declaration**

This animal is under my veterinary care and it is my opinion that this animal is fit to undergo physiotherapy treatment. I, therefore, do consent to this animal receiving physiotherapy treatment and remedial exercise therapy from EC Veterinary Physiotherapy.

Vet signature: Print name: Date:

**Please return the completed form via email** **(ecvetphysio@outlook.com).** *I will provide updates in regards to findings from the initial assessment and with significant changes over the course of treatments.*