



Please tick the relevant reason for treatment, complete the details, send to your Vet for consent and return prior to your appointment. Should your appointment be for maintenance, please note you do not need to obtain Veterinary Consent.

VETERINARY CONSENT FORM

Referral by Veterinarian

Maintenance Appointment

Owner Details

Name: _____ Address: _____

Contact Number: _____

Email Address: _____

Owner Consent

I, the registered owner of the below named animal, give consent for them to be treated with physiotherapy /massage therapy by the above-named Physiotherapist.

Signature Date

Animal Details

Name: _____ Age: _____ Breed: _____ Sex: _____

Insured: Y / N Date of Last Vaccination: _____

Canine / Feline / Equine / Other.....

Veterinarian Details

Name of Registered Veterinary Practice: _____

Name of Registered Veterinarian: _____

Contact Number: _____ Email Address: _____

Relevant Medical History/Injuries/Medication: _____

Veterinary Consent

I, the registered Veterinarian named above, give consent for the above-named animal, to receive physiotherapy/massage therapy treatment.

Signature Date