

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

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Referral by Veterinarian

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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