EQUIMAL
VETERINARY PHYSIOTHERAPY

Veterinary Physiotherapy Consent Form

Reason for treatment: Client request ◯ Vet referral ◯

Client details:

Name:

Address:

Postcode:

Telephone: **Email:**

Patient details

Name: **Registered name:**

Age: **Sex:**

Breed: **Insured:** Yes ◯ No ◯

Previous and current medical conditions:

Current medication:

PGDip Veterinary Physiotherapy (Qualifications and proof of insurance available upon request, please email info@equimal.co.uk)

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Further comments:

Veterinary details:

Practice name:
Telephone:

Address:

Postcode:

Email:

Treating vet:

Declaration:

I hereby give my consent for the above-named patient to receive veterinary physiotherapy treatment(s).

By signing this document, you are not accepting legal responsibility for the practitioner's actions, but you are agreeing that the above-named patient is deemed "fit & healthy" enough to receive veterinary physiotherapy and that there is no known reason which may contraindicate such treatment or compromise the health of the above-named patient.

Vet name: **Vet signature:**

Date:

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