**Equine Physiotherapy Consent Form**

Jessica Grainger BSc (Hons) Physiotherapy, MSc Veterinary Physiotherapy

Chartered Physiotherapist, ACPAT Cat A, RAMP Registered Practitioner

JKG Physiotherapy, The Oakes, Turkey Island, Shedfield, SO32 2JE

Tel: 07725736575 E: jkgphysiotherapy@gmail.com W: www.jkgphysiotherapy.com

One of your clients has requested that their horse has a physiotherapy assessment and treatment. To indicate your consent, please fill out the following form and email it back to me at your convenience. I can be contacted on the number above or email if you need to discuss this case. Please include any recent and relevant veterinary history with this consent form. Thank you.

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| **Clients Name:**  |
| **Clients Home Address:**  |
| **Clients Telephone:**  |
|  |
| **Name of Veterinary Surgeon:**  |
| **Practice Name:** |
| **Practice Address:** |
| **Email:**  | **Telephone:**  |
|  |
| **Yard Address:**  |
|  |
| **Name of Animal:**  | **Breed/Type:** | **Age:** |
| **Mare/Gelding/Stallion (delete)**  | **Height:** |
| **Date animal last seen by you:** |
| **Veterinary Diagnosis:**  |
| **History of Present Complaint:** |
| **Past Medical History:**  |
| **Post Assessment Report Requested?**  **Yes Written Report Telephone Call**  **No**  |
|  **Signature of Veterinary Surgeon:** | **Print Name:** | **Date:** |