**Canine Physiotherapy Consent Form**

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One of your clients has requested that their dog has a physiotherapy assessment and treatment. To indicate your consent, please fill out the following form and email it back to me. 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 Email:** | | | **Clients Telephone:** | | |
|  | | | | | |
| **Name of Veterinary Surgeon:** | | | | | |
| **Practice Name:** | | | | | |
| **Practice Address:** | | | | | |
| **Email:** | | | **Telephone:** | | |
|  | | | | | |
| **Name of Animal:** | | **Breed:** | | | **Age:** |
| **Dog/Bitch (delete)** | **Neutered/Entire (delete)** | | |  | |
| **Insurance Company:** | | | | | |
| **Date animal last seen by you:** | | | | | |
| **Veterinary Diagnosis:** | | | | | |
| **Current Medications:** | | | | | |
| **Past Medical History:** | | | | | |
| **History of Present Complaint:**  **Post Assessment Report Requested?**  **Yes Written Report Telephone Call**  **No** | | | | | |
| **Signature of Veterinary Surgeon:** | **Print Name:** | | | **Date:** | |