

Veterinary Consent Form for Physiotherapy Treatment

In accordance with the Veterinary Surgeons Act 1966 and the Veterinary Surgery (Exemptions) Order 1962



Section 1: Patient and client details

Animal's Name: _____

Species/Breed: _____

Age: _____

Sex:

Owner's Name: _____

Owner's Address: _____

Owner's Contact Number: _____

Section 2: Veterinary Surgeon Details

Veterinary Surgeon's Name: _____

Practice Name: _____

Practice Address: _____

Contact Number: _____

Email: _____

Section 3: Referral details

Please detail any relevant history/diagnoses for this patient:

Section 4: Consent Statement

I, the undersigned **veterinary surgeon**, confirm that I have examined the above-named animal and am satisfied that physiotherapy is appropriate as part of its ongoing care and treatment. I therefore give my consent for the animal to receive physiotherapy treatment from:

Name of Physiotherapist: Cameron Reynolds

Professional Qualifications: BSc (Hons) Veterinary Physiotherapy

Email: hello@creynoldsvetphysio.co.uk

I understand that the physiotherapist will not diagnose medical conditions and will liaise with me if concerns arise during treatment.

Veterinary Surgeon's Signature: _____

Date: _____

Section 4: Owner Declaration

I, the undersigned, confirm that the above information is correct and I give permission for the named physiotherapist to contact my veterinary surgeon regarding the treatment of my animal. I understand that physiotherapy will only be carried out with ongoing veterinary consent.

Owner's Signature: _____

Date: _____