**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:** |