****A blue and green horse head

Description automatically generated with low confidence **VETERINARY PHYSIOTHERAPY**

**CONSENT FORM**

This form is intended to gain veterinary consent for a specific targeted diagnosis or condition, that has already been assessed and deemed appropriate for physiotherapy by a veterinary surgeon/specialist. Direct contact will be made for any changes requiring veterinary check.

**Owner Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Address** |  | | |
| **Telephone** |  | **Email** |  |

**Animal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | **Breed** |  |
| **Sex** |  | | **Age** |  |
| **Current**  **Diagnosis** | | **(Please amend/update/add details as required)** | | |
| **Medication** | |  | | |
| **Investigations** | |  | | |
| **Pre-existing Conditions** | |  | | |

**I consent to this animal having physiotherapy assessment and treatment for the described current diagnosis:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vet Practice** |  | | | | |
| **Telephone** |  | **Email** |  | | |
| **Vet’s Name** |  | | | | |
| **Vet’s Signature** |  | | | **Date** |  |

**Would you like to receive a report after initial assessment YES/NO**

**Would you like to receive a discharge report YES/NO**

**Please return the signed consent form and complete past medical history to:** [**zoemorton@acevp.uk**](mailto:zoemorton@acevp.uk)

**Many Thanks**