**Veterinary Consent Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Animal Name: |  | | |
| Animal Species & Breed: |  | | |
| Owner Name: |  | | |
| Owner Address: |  |  | |
| Postcode: |  |

**Section 1: Veterinary Surgeon Details** *(To be completed by Veterinary Surgeon)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Practice: |  | | | | |
| Address: |  | |  | | |
| Postcode: | |  |
| Telephone: |  | | | | |
| Email: |  | | | | |
| Please tick your preferred channel of communication of treatment updates and discharge information**:** | | | | | |
| **Telephone □** | | **Email □** | | **Post □** | |

**Section 2: Veterinary Information**  *(To be completed by Veterinary Surgeon)*

|  |
| --- |
| **Reason for referral:**  Please include investigations and findings\*\*, previous and current treatment. |

|  |
| --- |
| **Past Medical History and Current Medications:** |
| **Special instructions, precautions or any additional notes:** |
| \*\* *Please email any additional relevant history or images* |

**Section 3: Veterinary Surgeon Consent**  *(To be completed by Veterinary Surgeon)*

*I, the treating Veterinary Surgeon of the animal named above, give my consent for this animal to undergo a Veterinary Physiotherapy assessment and receive Veterinary Physiotherapy treatment as deemed clinically appropriate by ACPAT Category A Veterinary Physiotherapist, Holly Bluck.*

**Signature…………………………………… Print:………………….…………..………**

**Date:……….....………**

Please return via email to [enquiries@rawridgevetphysio.co.uk](mailto:enquiries@rawridgevetphysio.co.uk) or alternatively by post to Tarka Barn, Rawridge, Honiton, EX14 9PX