**Owner Consent Form**

**Section 1: Owner Details**  *(To be completed by Owner)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  |  | |
| Postcode: |  |
| Telephone: |  | | |
| Email: |  | | |

**Section 2: Animal Details** *(To be completed by Owner)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Species & Breed: |  | | |
| Age: |  | Vaccinated\*: |  |
| Sex: |  | Neutered: |  |
| Insured: |  | Company: |  |
| \**Please bring a copy of vaccination records to first appointment as per Terms & Conditions.* | | | |

**Section 3: Owner Consent**  *(To be completed by Owner)*

*I, the Owner 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. I also confirm that I have read and agreed to the Terms & Conditions outlined by Bristol Vet Physio and consent to my animal’s records being shared with their registered Veterinary Surgeon.*

**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