**Owner Consent Form**

**Harriet Winstanley Mobile:** 07427305215 **Email:** hairytailvetphysio@gmail.com

This form must be signed by the owner prior to any assessment/treatment.

* I hereby certify that I give permission for veterinary physiotherapy treatment to be performed on my animal.
* I hereby give permission for the veterinary physiotherapist to discuss treatment with my veterinary surgeon and understand that the veterinary physiotherapist may refer my animal back to the veterinary surgeon.

Animal name:

Owners signature:

Print name:

Date:

