

Veterinary Consent Form

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- Physiotherapy has been requested for the patient, by the owner/ client
- Patient has been referred for physiotherapy

| Patient Details | | | |
|-----------------|--------------------------------|------------------------------|--------------------------------|
| Species | Horse <input type="checkbox"/> | Dog <input type="checkbox"/> | Other <input type="checkbox"/> |
| Name | | Age | |
| Sex: | | Breed: | |

| Client Details | |
|----------------|--|
| Name | |
| Contact Number | |
| Email | |
| Address | |

| Veterinary Practice | |
|---|--|
| Vet name | |
| Practice Address | |
| Presenting condition | |
| Current medication | |
| Special Instruction | |
| If possible please send medical history to hairytailvetphysio@gmail.com | |

I consent to the above animal receiving physiotherapy treatment.

Veterinarian Name:

Sign:

Date:



Hairytail Veterinary Physiotherapy will keep the practice informed following the first appointment, after ten treatments and once discharged, along with any updates or changes in the animals health.