Logo, company name

Description automatically generated

VETERINARY CONSENT FORM

Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species:\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Age:\_\_\_\_\_\_

Current Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinary Practice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Veterinary Diagnosis: |  |
| What veterinary treatment has/is being given for this condition? |  |
| Please specify any medication the animal is on: |  |
| Any Veterinary precautions/contraindications/specialist instructions? |  |

This animal is a patient under my care and has received a full medical health check and examination. It is my opinion that this animal is fit to receive physiotherapy and/or remedial exercise. I authorise physiotherapy and/or remedial exercise to be carried out by Eve Herne of Even Stride Veterinary Physiotherapy.

Veterinary Surgeon Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to be updated on this animal’s progress;

🞏 After initial session 🞏 After each session 🞏 Every 3 months 🞏 Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By 🞏 Email 🞏 Post 🞏 Telephone

Veterinarian/ Vet practice contact details:

*Please return completed form to:*

*Email – enquiries@evenstridevetphysio.co.uk*

*Telephone – 07720652881*

*Address - Eve Herne, 8 Lynton Close, Gilmorton, Lutterworth, Leics, LE17 5PQ*

*Thank you very much for your time.*