



## Veterinary Physiotherapy Equine Consent Form

Please complete ALL sections and return the form to  
 MVetPhysio@Gmail.com

Section A, B & C to be completed by the owner, Section D & E to be completed by  
 Veterinarian.

| Section A: Owner's Details |  | OWNER TO COMPLETE |  |
|----------------------------|--|-------------------|--|
| Name:                      |  |                   |  |
| Address:                   |  |                   |  |
| Telephone:                 |  | Email:            |  |

| Section B: Patient Details  |  |      |  | OWNER TO COMPLETE  |  |
|---|--|------|--|--------------------|--|
| Animal Name:  |  | Age: |  | DOB:<br>(If Known) |  |
| Breed:  |  | Sex: |  | Height:            |  |
| Address<br>(If different from home):  |  |      |  |                    |  |
| Is your horse involved in any sport activities? EG. Happy Hacker, Show Jumping ETC: |  |      |  |                    |  |
| Has your animal ever shown aggression, fear, or anxiety towards people:             |  |      | Is there anywhere your animal does not like to be touched: |                    |  |
|   |  |      |  |                    |  |

| Section C: Owner Consent  |            | OWNER TO COMPLETE |        |
|---|------------|-------------------|--------|
| I, the owner of the horse named above, give my consent for this animal to receive physiotherapy treatment and consent to the terms and conditions as directed on the website. |            |                   |        |
| I am happy to allow photos of my animal to be taken and used for social media and advertising purposes.   |            |                   | YES NO |
| Print Name:   | Signature: | Date: / /         |        |
|   |            |                   |        |



Please return completed forms to MVetPhysio@Gmail.com  
 McMasters Veterinary Physiotherapy / Jessica McMasters / Masters  
 Veterinary Physiotherapy  
 www.m-vetphysio.co.uk | 07850943003



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| Section D: Veterinary Details  |          | FOR VETERINARY PRACTICE ONLY     |  |
|--|----------|----------------------------------|--|
| Practice Name:   |          |                                  |  |
| Practice Address:  |          |                                  |  |
| Telephone:   |          | Email:                           |  |
| Is this case for Referral OR Maintenance   | Referral | Maintenance                      |  |
| Reason for Referral (Please give specific details if applicable).  |          |                                  |  |
| Medication (if applicable):  |          | Date of Surgery (if applicable): |  |
| Other medical conditions – E.G. Cardiac, respiratory, Epilepsy, Diabetes, Lumps and Bumps ETC.   |          |                                  |  |
| Do you require a written report after the Initial Assessment?  | YES      | NO                               |  |
| Additional follow-up reports will be provided only if an issue arises. If you require a report at any other time, please email us at mvetphysio@gmail.com. |          |                                  |  |
| If yes, how would you like to receive vet reports and updates?   | E-Mail   | Post                             |  |

| Section E: Veterinary Consent  |             | FOR VETERINARY PRACTICE ONLY |  |
|--|-------------|------------------------------|--|
| I consent to this animal receiving treatment from a qualified Veterinary Physiotherapist by McMasters Veterinary Physiotherapy. In my opinion, this animal is in a suitable state of health to undergo veterinary physiotherapy. |             |                              |  |
| Signed:  | Print Name: | Date: / /                    |  |



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