



## Veterinary Physiotherapy Canine Consent Form

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

### FOR VETERINARY PRACTICE ONLY

Practice Name & Address			
Telephone:		Email:	

### FOR VETERINARY PRACTICE ONLY

Owners Name		Owners Email or Phone	
Type of animal	Equine	Canine	Other
Reason for referral (Please attach any diagnostic image):			
Other Medical Conditions (Cardiac, Epilepsy ETC)			
Medication if applicable:		Surgery date if applicable:	

### FOR VETERINARY PRACTICE ONLY

Do you require a written report after initial appointment	YES	NO	ONLY IF THERE IS AN ISSUE
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.			
Print Name:	Signature:	Date:	/ /



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