

## Veterinary Physiotherapy Consent Form

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

FOR VETERINARY PR	ACTICE ONLY					
Practice Name:						
Practice Address:						
Telephone:			Email:			
Type of animal (If other please specify)		Ca	nine	Equir	ie	Other:
Is this case for Referral OR Maintenance			Referral		Maintenance	
Reason for referral:						
Medication (if applicable):					Date of Surgery (if applicable):	
					applied	
Other medical conditions – E.G. Cardiac, respiratory, Epilepsy, Diabetes, Lumps and Bumps ETC						
Do you require a written report after the Initian Assessment?			Yes	;	No	Only if there is an issue.
Please attach any relevant diagnostic imaging (EG. X-rays, Ultrasounds ETC.)						
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: / /

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