

## 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