



Veterinary Physiotherapy Canine Consent Form

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

Name:			
Address:			
Telephone:		Email:	

Animal Name:		Age:		DOB (If Known):	
Breed		Sex	Intact Male	Intact Female	Neutered Male Spayed Female
Is your dog involved in any sport activities. EG. Agility, canicross ETC:			How many times a day is your dog walked / for how long:		
Has your dog ever shown aggression, fear, or anxiety towards people:			Is there anywhere your dog does not like to be touched:		

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