**Veterinary consent for Physiotherapy: Assessment and treatment**

**Section 1 –** *To be completed by the owner*

**Owner’s and patient’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Address |  |
| Email |  |
| Phone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Species |  |
| Breed |  | Age |  |
| Sex |  | Neutered/entire |  |

**Patient’s Veterinary clinic and insurance details**

|  |  |  |  |
| --- | --- | --- | --- |
| Clinic name |  | Address |  |
| Vet’s name |  |
| Email |  | Provider,policy number |  |
| Phone |  |

 (please tick) *I give consent for Shackleton Veterinary Physiotherapy to access my veterinary records to assess any caution or contraindication to physiotherapy.*

(please tick) *I give consent for Shackleton Veterinary Physiotherapy to hold my personal details and contact me by phone, post or email. All details will be kept securely and will not be shared with any third parties. Details are kept with the client’s permission and will be deleted on request, in accordance with the GDPR regulations.*

(please tick) *I give consent for Shackleton Veterinary Physiotherapy to share relevant clinical details with the referring veterinary clinic, in line with the Veterinary Surgeon’s Act, 1966.*

**Section 2** – *To be completed by the Vet*

By completing and signing this section, you give consent for Matthew Shackleton to treat the above animal, in adherence with the Veterinary Surgeons Act, 1966. Reports of all treatments will be kept, and any changes in condition will be immediately reported/referred back to the registered Veterinary practice.

|  |  |
| --- | --- |
| Current condition(s)  |  |
| Medication |  |
| Have you advised any restrictions to exercise? If so, please provide details  |  |
| Any additional comments |  |
| Veterinarian (print) |  |
| Veterinarian (sign) |  |
| Date  |  |