

BSc (Hons) Veterinary Physiotherapy
Student Logbooks
Consent form



Insured by Balens.

Consent Form

- Please fill out the first two sections and then pass to your Veterinary surgeon for completion of the veterinary details and consent.
- Once completed please send back to: livfreecare@gmail.com

Client details:

<u>Name:</u>	<u>Telephone:</u>
<u>Address:</u>	<u>Date:</u>
<u>Owners' declaration:</u>	<u>Signature:</u>
<p>I _____, Verify that the animal named below, is a good state of health to the best of my knowledge. I would like to have a maintenance treatment with a veterinary physiotherapist.</p>	

Animal Details:

<u>Name:</u>	<u>Species:</u>
<u>Age:</u>	<u>Breed:</u>
<u>Insurance company details:</u>	<u>Sex:</u>
<u>Neutered:</u>	<u>Date of last vaccine:</u>

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Veterinary Details:

<u>Name of veterinary surgeon:</u>	<u>Practice address:</u>
<u>Any current medication:</u>	<u>Relevant medical history:</u>
<u>Veterinary surgeon declaration:</u>	<u>Date and signature:</u>
<p>I _____, Verify that the animal named below, is a good state of health and is able to receive Veterinary Physiotherapy treatment. I hereby consent for the treatment of Veterinary Physiotherapy.</p>	<p><u>Date –</u></p> <p><u>Print name –</u></p> <p><u>Signature –</u></p>

