Abbott
VETERINARY PHYSIOTHERAPY

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National Association of Veterinary Physiotherapists

| Date | |
|---|---|

## Veterinary Physiotherapy Consent Form:

**Abbott Veterinary Physiotherapy**
Email: info@abbottvetphysio.co.uk
Telephone: 07885810638

**Please Select:**

- ☐ This patient has been referred for Veterinary Physiotherapy following veterinary assessment **OR**
- ☐ A Veterinary Physiotherapy assessment has been requested for this patient by the client.

| Client Details: | |
|---|---|
| **Client Name:** | |
| **Address:** | |
| **Email:** | |
| **Telephone:** | |
| **Animal's Address:** | |

| Patient Details: | |
|---|---|
| **Name:** | |
| **Breed:** | |
| **Age:** | |
| **Sex:** | |
| **Vaccinations:** | |

| Veterinary Consent: | |
|---|---|
| **Veterinary Surgeon:** | |
| **Practice:** | |
| **Email:** | |
| **Telephone:** | |
| **Relevant Medical History, Diagnosis and Pre-existing Conditions:**<br><br>Please email case notes if available / applicable. | |
| **Current Medication:** | |
| **I give my consent for the animal detailed above to receive veterinary physiotherapy treatment.** | |
| **Signature:** | |
| **Date:** | |

**Once completed, please return this form to info@abbottvetphysio.co.uk**

Many thanks,

Freya Abbott MNAVP, Veterinary Physiotherapist