



PHYSIOTHERAPY TREATMENT AND CONSENT FORM

ANIMAL'S NAME:		
BREED:	AGE:	SEX:
HEIGHT:	COLOUR:	WORK:
REFERRING VET:		
REGISTERED VET (Musculoskeletal Maintenance care only):		
NAME & ADDRESS OF OWNER:		
TEL:	MOBILE:	EMAIL:
ACCOUNT TO: NAME & ADDRESS:		
TEL:		
IS THE ANIMAL INSURED? YES/NO INSURANCE COMPANY:		

To ensure high standards of treatment and care I will:

- explain to you how physiotherapy can help your animal, including the benefits and risks associated with treatment.
- undertake an assessment prior to commencing any treatment and explain the results of this assessment to you.
- explain the treatment to be provided during each physiotherapy session.
- maintain contact with your veterinary surgeon during the course of treatment if the animal has been referred, or contact your veterinarian with any concerns of underlying injury, disease or pathology after discussing my findings with you if the animal has been seen for musculoskeletal maintenance.
- upon completion of treatment, appropriate management advice will be provided. A written discharge summary will be sent to your veterinary surgeon if the animal has been referred.

If, for any reason, you are unhappy about your treatment, you:

- should inform me immediately to see if the matter can be resolved informally.
- are entitled to make a complaint. Complaints are treated seriously and your complaint will be dealt with promptly and professionally in accordance with my Complaints Policy.
- can view your treatment record at any time.
- can refuse further treatment.

I, THE OWNER/AGENT* OF/FOR* THE ANIMAL ABOVE, HEREBY GIVE MY CONSENT FOR PHYSIOTHERAPY ASSESSMENT AND A COURSE OF TREATMENT OF THE ABOVE ANIMAL.

*delete as necessary

SIGNED: _____ DATE: _____

I, THE OWNER/AGENT* OF/FOR* THE ANIMAL ABOVE, HEREBY GIVE MY CONSENT FOR THE PHYSIOTHERAPIST TO CONTACT MY VETERINARIAN WITH ANY CONCERNS THAT THE ANIMAL MAY BE PRESENTING AN UNDERLYING INJURY, DISEASE OR PATHOLOGY.

*delete as necessary

SIGNED: _____ DATE: _____