Shape, circle

Description automatically generated

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**Veterinary Consent for Physiotherapy**

|  |  |  |  |
| --- | --- | --- | --- |
| **Owner’s details** | | | |
| Name: |  | | |
| Address: |  | | |
| Telephone: |  | Mobile: |  |
| Email: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Animal’s details** | | | |
| Name: |  | | |
| Breed: |  | Age: |  |
| Sex: |  | Colour: |  |
| Veterinary diagnosis:  (please email any additional relevant history or images) |  | | |
| Current medication: |  | | |
| Pre-existing conditions: |  | | |

**Veterinary Surgeon Declaration**

I can confirm that this animal is a patient under my care and in my opinion is fit to receive physiotherapy treatment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Vet’s details** | | | |
| Name: |  | | |
| Practice address: |  | | |
| Telephone: |  | | |
| Email: |  | | |
| Vet’s signature: |  | Date: |  |