

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			

Animal name		Species	
Breed		Age	
Sex		Neutered/entire	

Patient's Veterinary clinic and insurance details

Clinic name		Address	
Vet's name			
Email		Insurance 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 and Louise Lefrere 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), diagnostics (please attach if relevant) and treatment	
Medication	
Have you advised any restrictions to exercise? If so, please provide details	
Any additional comments	
Veterinarian (print)	
Veterinarian (sign)	
Date	