

Consent Form



Victoria Lee Veterinary Physiotherapy

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Patient name:		Species: Equine / Canine
Age:	Sex:	Breed:
Owner name:		
Address:		Postcode:
		Home tel.:
		Mobile tel.:

Reported Problem:

Medical history:

Veterinary Surgeon's name:
Veterinary Practice name:
Veterinary Practice address:

I have read the terms and conditions and consent to the above animal receiving physiotherapy treatment: Yes / No

Signed: _____ Printed: _____.

Date: _____.

Once completed, please return this form via email to vleevetphysio@outlook.com.