Haybridge Veterinary Physiotherapy and Hydrotherapy
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Veterinary Consent Form

Owner Details

Name			
Address			
Telephone		**Email**	

Patient details

Name		**Breed**	
DOB		**Sex**	
Last vaccination date		**Insured**	**Y / N**
Reason for referral			

Veterinary Surgery Details

Name			
Practice Address			
Telephone		**Email**	

Relevant clinical history and current medication

I hereby give permission for the above patient to receive Veterinary Physiotherapy and/or Hydrotherapy and in my opinion believe they are a suitable candidate (please tick the relevant boxes):

- ☐ **Veterinary Physiotherapy**
- ☐ **Hydrotherapy (Underwater treadmill)**
- ☐ **Hydrotherapy (Pool)**
- ☐ **L.A.S.E.R Therapy**

Vet signature_____ **Print Name** _____

Date_____

Please sign and return with a copy of their clinical history

IRVAP National Association of Veterinary Physiotherapists