Kent Animal Physio

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**PHYSIOTHERAPY CONSENT FORM**

This patient has been referred for physiotherapy or a physiotherapy assessment has been requested for this patient by your client.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Animal’s Name: | |  | | | Breed: |  |
| Age: |  | | Sex: |  | Weight: |  |
| Client’s Name: | |  | | | | |
| Address: | |  | | | | |
| Tel: | |  | | | | |
| Reported problem: | | | | | | |
| Is this animal being treated for/with any of the following (please tick):  □ Malignant tumour (not suitable for electrotherapy) □ Photosensitive medication  □ Benign tumour (suitable for electrotherapy) □ Heart condition | | | | | | |
| Relevant medical history and current prescribed medication (please attach documentation if preferable): | | | | | | |
| Vet Name: | |  | | | | |
| Practice: | |  | | | | |
| Address: | |  | | | | |

I consent to the above animal receiving physiotherapy treatment.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once completed, please return this form to **joanna@kentanimalphysio.co.uk**. Thank you.   
**Joanna Stephens** PGDip Veterinary Physiotherapy

A close up of a logo

Description automatically generated