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Veterinary Consent Form

Owner's Details

Name _____
Address _____

Telephone _____ Email _____

Animal's Details

Name _____ Age _____
Breed _____ Sex _____
Diagnosis _____
Medications _____
Current Investigations _____
Pre-existing conditions _____

Veterinary Consent

I give my consent for this animal to undergo a course of physiotherapy and/or hydrotherapy treatment. I declare to the best of my knowledge there is no medical reason why this animal cannot undergo physiotherapy and/or hydrotherapy treatment. I understand, in making this referral I am not responsible for any physiotherapy or hydrotherapy treatment given.

Name of Veterinary Surgeon _____

Signature of Veterinary Surgeon _____ Date _____

Name of Practice _____

Address of Practice _____

Telephone _____ Email _____