

Veterinary Consent Form.

Equi-Can Active Veterinary Physiotherapy.

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| Species: Canine / Equine please delete as appropriate. |
| Animal Details: |
| Name: | Gender: | Age:  | DOB: (required for canine).  | Breed:  |
| Insured: Y / No | Insurers Name: |
| Owner Details |
| Name: |
| Address: | Telephone:  |
| Email: |
| Vet Details. |
| Referring Vet: |
| Practice Name: | Telephone: |
| Address: | Email: |
| Case History. |
| Reason for Referral / Diagnosed condition. Please continue on reverse if needed. |
| Medication: |
| Previous conditions / injuries. |
| Request for specific treatment / modalities? |
| Temperament to treat: |
| I hereby give consent for Equi-Can Active to treat the animal named. The named animal has undergone veterinary examination and has my approval to receive physiotherapy for the condition described. |
| Vet name: | Practice Stamp: |
| Vet Signature: |
| Date: |
| Equi-Can Active will provide a full veterinary report following initial consultation and subsequent timely progress updates in accordance with your requirements. Thank you again for your referral. |