

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. | | | | |