Veterinary & Owner Consent Form

Anglian Vet Physio & Hydrotherapy

Owner to complete Sections A & B

Section A: Animals details			
Name:		Vaccinated?	
Sex:		DOB:	
Address animal kept at:		Breed:	

(Please sign your agreement below after reading Anglian Vet Physio & Hydrotherapy's (AVPH) Terms & Conditions and Privacy Policy)

Section B: Owner details			
Full name:		Home Phone:	
Address:		Mobile:	
		Email:	
Signature:		Date:	

Section C: To be completed by Veterinary Practice – Physio and Hydro Consent

Veterinary Surgeon's Declaration: In my opinion, the above animal is in a suitable state of health to undergo veterinary **PHYSIOTHERAPY** and **HYDROTHERAPY** treatment, and I understand that I am not responsible for any assessment or treatment that AVPH deems suitable for the patient.			
Signature:		Date:	
Full name:			
Practice stamp:			
Medical history of animal:			
Current medication:			

Samantha Curtis BSc (Hons) mRAMP mCHA
Veterinary Physiotherapist & Canine Hydrotherapist
07775 161526 | info@avpHydro.co.uk | www.anglianvetphysio.co.uk