

**Physiotherapy Treatment and Consent Form**

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| Animals name: |
| Breed: | Height: | Colour: |
| Sex:  | Age: | Work: |
| Referring vet:  |
| Name and address of owner:Yard address (if equine):  |
| Tel: | Email:  |
| Is the animal insured Yes/no  |
| Insurance company: |

To ensure high standards of treatment and care I will:

* Explain to you how physiotherapy can help your animal, including the benefits and risks associated with treatment.
* Undertake an assessment prior to commencing any treatment and explain the results of this assessment to you.
* Explain the treatment to be provided during each physiotherapy session.
* Maintain contact with your veterinary surgeon during treatment.
* Upon completion of treatment, appropriate management advice will be provided. A written discharge summary will be sent to your veterinary surgeon.

If, for any reason, you are unhappy about your treatment, you:

* Should inform me immediately to see if the matter can be resolved informally.
* Are entitled to make a complaint. Complaints are treated seriously, and your complaint will be dealt with promptly and professionally in accordance with my Complaints Policy.
* Can view your treatment record at any time.
* Can refuse further treatment.

I, THE OWNER FOR THE ANIMAL ABOVE, HEREBY GIVE MY CONSENT FOR PHYSIOTHERAPY ASSESSMENT AND A COURSE OF TREATMENT OF THE ABOVE ANIMAL.

I also give consent for Gina to take and post photos of my animal on social media.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_