

Gina Cook
 BSc Veterinary physiotherapist
 16 Rufford Close Guisborough,
 TS147PU
 Email: ginacook1997@live.com
 07964810075



Veterinary consent form

One of your clients has requested physiotherapy treatment for their horse/dog. To indicate consent please complete the following form and email/paper copy to return. I can be contacted on the number or email above if you wish to discuss the case. Thank you.

Owner's Details

Name:			
Address:			
Telephone:			
Email:			

Animal's Details

Name:			
Age:		Sex:	
Breed:		Colour:	

I declare I am the legal owner of the named animal above and to the best of my knowledge all the information provided is correct. I give consent for Gina Cook to treat my animal with physiotherapy and to discuss details of treatment with my veterinary surgeon.

Owner Signature: Print Name:..... Date:

Your veterinary surgeon should complete the sections below and sign.

Medical History

DETAILS OF PRESENT HEALTH CONDITION(s) AND VETERINARY MANAGEMENT	
--	--

I consent to this animal to have physiotherapy treatment, including the use of electrotherapies when appropriate. I understand that the provision of professional indemnity insurance for this is the responsibility of Gina Cook.

Practice:			
Name & Address			
Telephone:			
Email:			
Vets Name (print):			
Vets Signature:		Date:	

Please tick:

I would like a follow up report from every session: ☐ Follow up report at every 3/6 session (unless a problem was found): ☐

Covering the Northeast of England
 Qualified in Veterinary Physiotherapy BSc
 Qualified in Therapeutic Massage for Animals
 Registered with IRVAP
 Fully Insured.