



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	
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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: <input type="text"/>

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.