

# VETERINARY CONSENT FORM FOR CANINE PHYSICAL THERAPY

## THIS SECTION FOR COMPLETION BY OWNER

Name of Dog	
Name of Owner	
Address	
Contact no.	
<p><b>I give consent for my dog to be treated by Dr Les Ellam &amp; Chris Penny of AchyPaw Canine Physical Therapy and for any relevant veterinary records to be shared with them.</b></p> <p>Signature : _____ Date: _____ (owner)</p>	

## THIS SECTION FOR COMPLETION BY VETERINARY SURGEON

Veterinary Surgeon	
Practice Address & Stamp	
Telephone no.	
<p><b>SUMMARY OF INJURY OR CONDITION, AREAS OF CAUTION, COMMENTS etc.</b></p> <p>(Please attach further notes for medical history if necessary)</p> <p><b>I consent to Dr Les Ellam &amp; Chris Penny of AchyPaw Canine Physical Therapy performing soft tissue manipulation &amp; other massage techniques including passive movement exercise on the above named dog.</b></p> <p>Signature : _____ Date: _____ (Veterinary Surgeon)</p>	

**We will only accept clients with the authorisation of their veterinary surgeon in accordance with the Veterinary Surgeons Act 1966 and Exemption Order 2015.**

**Insured with Balens Specialist Insurance Brokers. Members of the IAAT**