VETERINARY CONSENT FORM FOR CANINE PHYSICAL THERAPY

THIS SECTION FOR COMPLETION BY OWNER

Name of Dog	
Name of Owner	
Address	
Contact no.	
I give consent for my dog to be treated by Dr Les Ellam of AchyPaw Canine Physical Therapy and for any relevant veterinary records to be shared with them. Signature : (owner) Date:	

THIS SECTION FOR COMPLETION BY VETERINARY SURGEON

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

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

AchyPaw Canine Physical Therapy : 73 Rodmell Avenue, Saltdean, BN2 8PH
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