

Physiotherapy Consent Form



Isobel West IMSc Veterinary Physiotherapist

07732 645391 contact@blueskiesveterinaryphysiotherapy.co.uk

Owner Information (owner complete)

Name:	Phone No:
Address:	
Emergency Contact:	Email:

Animal Information (owner complete)

Name:	Gender:	DOB/Age:
Species:	Breed:	
Claiming through insurance:	Company:	

Veterinary Information (practice complete)

Practice Name:	Veterinary Surgeon Name:
Address:	
Email:	Phone No:
Reason for Referral (including relevant history, surgery type and date or attach relevant clinical notes to email):	
Medication:	
I wish to receive session reports: Y/N each session / every 10 sessions	

I give my consent for this animal to receive Physiotherapy treatment by a qualified and insured Veterinary Physiotherapist. In my opinion this animal is able to cope with and undertake this treatment.

Printed:

Signed:

MRCVS

Dated: / /

Data Protection (owner complete)

The personal information you have provided will be held and used by Blue Skies Veterinary Physiotherapy in accordance with the Data Protection Act 1998 and the General Data Protection Regulation 2018. We will use your information to contact you on any matters relating to your animals' treatments and sessions. Data will only be shared with the patient's owner and Veterinary Practice the patient is registered with.

Signature:

Date:

Social Media (owner complete)

I consent to images of my animal to be used on Blue Skies Veterinary Physiotherapies social media pages and website. No personal data will be published other than patients' name, treatment provided and pathology.

Yes / No

Signature:

Date: