

 **E-mail:** info@kkvetphysio.co.uk **Mobile:** 07432145198

BSc, MSc.Vet.Physio MNAVP

**Veterinary Consent Form**

*This patient has been referred for veterinary physiotherapy OR the client has requested a physiotherapy assessment for this horse.*

**Client Details**

|  |  |
| --- | --- |
| Name: | Home Phone: |
| Address: | Mobile: |
| E-mail: |

**Horse Details**

|  |  |
| --- | --- |
| Name: | D.O.B / Age: |
| Breed: | Sex: |
| Colour: | Height:  |
| Insured (Y/N): | Insurance Company: |

**Veterinary Practice Details**

|  |  |
| --- | --- |
| Practice Name: | Veterinary Surgeon: |
| Address: | Telephone: |
| Mobile: |
| E-mail: |
|  |

**Please tick –** Owner Requested Musculoskeletal Check OR Vet Referral

**Case History**

|  |
| --- |
| Current or Presenting Problem: |
| Investigations and Findings: |
| Pre-existing conditions: |
| Current medication: |

***DECLARATION***

This horse is a patient under my care and to the best of my knowledge is fit to receive physiotherapy treatment and / or remedial exercise. I authorise physiotherapy and / or remedial exercise to be carried out by Katie Knight Veterinary Physiotherapy.

|  |
| --- |
| **Signed: Print Name: Date:** |

Do you require a written report after the initial assessment? **Yes OR No**

|  |  |  |
| --- | --- | --- |
|  |  |  |

If Yes, how would you like to receive vet reports and updates? **E-mail OR Post**

I will keep you updated with any changes over the course of the treatment with a final written report on discharge (where applicable).

**Once completed please return via e-mail to** **info@kkvetphysio.co.uk**

*Thank you, Katie Knight*