



Dobbins Veterinary Physiotherapy

Consent Form

Owners Name	
Address	
Contact Number	
Email	

You have given me your contact details as part of the registration process, I may send you occasional updates on bookings or services, but will never knowingly pass on your details to a third party.

Patient Name		Breed		Colour	
Age		Sex		Owned For	

I declare that I am the legal owner of this dog/horse and that all information provided is correct to the best of my knowledge. I give consent for the above dog/horse to receive physiotherapy treatment from Guy Dobbins of Dobbins Veterinary Physiotherapy. I accept full responsibility for divulging facts that may be relevant during treatment, particularly those regarding any changes to my dog/horse's health.

Owner Signature:.....**Print Name:**.....**Date:**...../...../...../



YOUR VET MUST COMPLETE THIS SECTION ALONG WITH A SIGNATURE

Comment: Including current/previous treatment, areas of concern ect.

Please attach any medical history you deem relevant

Is the dog/horse on medication? If yes, what?

Veterinary Surgeon Name

Practice/Address

Email

Phone

I am not aware of any contraindications to the above dog/horse receiving physiotherapy treatment.

Signature of veterinarian.....Print Name.....Date...../...../.....

I Guy Dobbins acknowledge and support the Veterinary Surgeons Act 1966 and exemption order 2015 by never working upon an animal without gaining prior veterinary consent.