

Veterinary Consent to Perform Veterinary Physiotherapy Treatment

Name of veterinary physiotherapist: Laura Burnham

Client Details

Client name:

Contact details:

Address:

Animal Details

Animal name:

Sex:

Species:

Age:

Breed:

I, the named below veterinary surgeon, give consent for veterinary physiotherapy treatment to be performed on the named above animal.

Clinical History:

Current Medication:

Approved by

Name of Veterinary Surgeon:

Signature:

Date:

Practice name:

Practice contact details:

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