

VETERINARY CONSENT FORM

Simba Chinyemba BSc (Hons), MNAVP
SLC Veterinary Physiotherapy
Slcvetphysio@gmail.com
07473398152

Client details

Name:	
Address:	
Equine - location of horse	
Telephone:	
Email:	
<p>I declare that I am the legal owner of the referred patient and that all of the information provided is correct. I authorise the release of veterinary history of the named patient and I consent for them to be treated by SLC Veterinary Physiotherapy.</p> <p>I agree to pay for services provided by SLC Veterinary Physiotherapy within the time specified by Simba (on the day of treatment for initial consultations). Late payments will be subject to late fees at the discretion of SLC Veterinary Physiotherapy, and may result in collection from a third party debt collection agency.</p>	
Signature:	Date:

Animal Details

Name:	
Species (dog or horse):	
Breed:	
D.O.B or Age:	
Sex:	

Please return this form via email to Slcvetphysio@gmail.com
If anything needs to be discussed on the phone call me on 07473398152

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Body condition score:	
Up to date with Vaccinations?	
Temperament:	
Insured?	
Name of insurance company	

Veterinary Practice Details

Practice name:	
Practice Address:	
Telephone:	
FAX number:	
Email:	
This animal patient is under my care and has received a full medical health check and examination, and in my opinion is fit to receive physiotherapy treatment and/or remedial exercise. I authorise for physiotherapy and/or remedial exercise for my patient to be carried out by SLC Veterinary Physiotherapy	
Referring Veterinary Surgeon:	
Signature:	Date:

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Case history

Current Problem leading to the need for physiotherapy:

Do you want to opt in for reminder emails/messages for reassessment and treatment (3 months, 6 months or annually depending on devised treatment plan) Y / N

Any other pre-existing medical conditions:

Current medication/treatments:

Any specific physiotherapy requirements or contraindications: