



Request for consent to administer Animal Physiotherapy.

Artaine Harte, Gloucestershire Small Animal Physiotherapy.

Tel 07954 629743 Email artaine@gloucsap.co.uk.

Owners Details

Name.....
Address.....
.....
Post Code.....Email Address.....
Mobile Number.....Telephone Number.....

(The following sections must be completed by the referring Veterinary Surgeon)

Animal's Details

Name..... Sex M/F..... Weight.....
Neutered Y/N..... Breed.....
Age or D.O.B..... Insured Y/N.....
Veterinary Surgeon:.....
Practice:.....
Address or Practice Stamp:
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.....
Post Code.....
Telephone Number.....Email.....

Please add the animal's current medical/surgical history, including current treatment, any areas of concern, and comments (or attach a print out of the history and relevant X-rays)

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Other medication prescribed and relevant history,
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.....

In your opinion is the above named animal in a suitable state of health to undergo physiotherapy? Yes/No (please delete where appropriate)

Signature.....Date.....

How you would prefer to receive the subsequent report? Please indicate by circling the relevant response.
Verbal/Email (please ensure email address is provided)

Animals can only be treated once veterinary consent has been gained, in respect of the Veterinary Surgeons Act of 1966 and Exemption Order of 1962.

- The animal cannot be treated without the prior consent of their veterinary surgeon.
- The animal will be referred back to the veterinary surgeon if any cause for concern arises during treatment.
- Owners/handlers are requested to remain with their animal during treatments.
- Owners/handlers are required to notify Artaine Harte should the veterinary surgeon advise that therapy be suspended or stopped.
- Owners/handlers are requested not to feed their animal a large meal less than two hours prior to treatment.
- Whilst ever endeavour will be made to improve your animal condition there can be no guarantee of success.
- Any queries please contact Artaine Harte 07954 629753 artaine@gloucsap.co.uk

I/we declare that I/we are the legal owner(s) of the above named animal and I/we also give consent for treatment, I/we agree that all information provided on this form is correct.

Signature(s).....Date.....

Please return forms to;

Artaine Harte, c/o The Sidings Veterinary Surgery, Sheep Street, Cirencester, GL7 1QW, or email to artaine@gloucsap.co.uk



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Tel: 07954 629743