

## **Veterinary Consent Form**

## Physiotherapy & Hydrotherapy

Modalities Available: 3B Laser, Ultrasound, PMFT, Underwater Treadmill, Hydro Pool & Manual Therapies

Client Name						
Address						
		Post Code				
Telephone Number		Home: Mobile:				
Email Address						
Pet Details						
Name			Sex		Insured	Yes/No
Breed			D.O.B		Company	
Colour		Vaccination		Policy		
		Expiry Date			Number	
This section must be completed and signed by the referring Veterinary Surgeon						
Veterinary Surgeon						
Practice						
Address						
Tel. No.						
Summary of condition/s being referred for treatment:						
Is the dog on medication, if so please list details and dosages						
In your opinion, is the dog named above in a suitable state of health to						
take part in Hydrotherapy/Physiotherapy (Delete as appropriate)						
Yes No		Print Name:				
		Ciamatuma.			Dete	
Signature:						
To be completed by the registered owner/s						
I/We declare that I/We Am/Are the legal owner(s) of the dog named above and						
confirm that the information shown on this form is correct. I/We give full consent for the above named dog to receive treatment at the Retreat Swansea.						
Signature(s)			Date:			Date:

Please return the completed form to:

info@theretreatswansea.co.uk



