**A close up of a sign

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**Name of Animal:**

**Name of Owner:**

**Owner Address:**

**Owner Tel Contact**:

**Reason for referral / treatment:**

**Veterinary diagnosis / investigation results / treatment of present condition:**

**Relevant past medical history:**

**Current medications:**

I the vet hereby give consent for the above animal to receive physiotherapy assessment and Treatment from Stride Forward Physiotherapy (ACPAT CATEGORY A PHYSIOTHERAPIST.

**Name of authorising Veterinary Surgeon:**

**Telephone number:**

**Signature of authorising Veterinary Surgeon:**

**Date:**

**Signed:**

**Logo

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**Please return to:** [**info@strideforwardphysiotherapy.com**](mailto:info@strideforwardphysiotherapy.com)

**Tel: 07964785164**

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*To ensure high standards of treatment and care* ***I will***:

* explain to the owner how physiotherapy can help, including the benefits and risks associated with treatment.
* undertake an assessment prior to commencing any treatment and explain the results of this assessment.
* maintain contact with the veterinary surgeon during the course of treatment.
* upon completion of treatment, appropriate management advice will be provided. A written discharge summary will be sent to your veterinary surgeon.

*If, for any reason, you are unhappy about your treatment*, ***you***:

* should inform me immediately to see if the matter can be resolved informally.
* are entitled to make a complaint. Complaints are treated seriously, and your complaint will be dealt with promptly and professionally in accordance with my Complaints Policy.
* can view treatment record at any time.
* can refuse further treatment.

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