**Veterinary Consent**

**Species:**

**Animal Name:**

**Owner Name:**

**Primary Surgeon for this Animal:**

**Veterinary Practice Address:**

**Post Code:**

**Primary Contact Number: Contact Email:**

**Relevant Veterinary History of this animal:**

Please use the space below and fill in any veterinary history you deem relevant to physiotherapy or email any records you deem necessary to [jbtvetphysio@gmail.com](mailto:jbtvetphysio@gmail.com). If you need to explain any history and feel a phone call would be better, then do not hesitate to call me on 07557946477.

In my opinion and to my knowledge this animal is in suitable condition to undergo Physiotherapy assessment and treatment and I consent to such under the Veterinary Surgery (Exemptions) Order 2015. JBT Veterinary Physiotherapy will refer any new conditions outside the scope of Veterinary Physiotherapy to the dogs veterinary surgeon.

**Signature:** **Name: Date:**