

Veterinary Consent Form

Alison Pearce
Forward Focus Veterinary Physiotherapy
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07989 396369



Owner's name	
Address and postcode	
Phone/mobile number	
Email address	

Animal's name		Species		Sex	M / F
D.O.B		Breed / Colour		Neutered	Y / N

Reason for seeking physiotherapy or massage treatment	
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I request consent for my dog / horse / cat to be treated by Alison Pearce, who is a member of the professional associations the Institute of Registered Veterinary & Animal Physiotherapists and the Canine Massage Guild.

Owner Signature:

Print Name:

Date:

Veterinary practice name and address or practice stamp	
Phone number	
Email address	

YOUR VET MUST COMPLETE THE SECTION BELOW ALONG WITH A SIGNATURE

Relevant clinical conditions / treatment (please attach medical history separately if preferred)	
Current medication	

I confirm that I find no reason at this time why the above named animal cannot receive physiotherapy, and I consent to the treatment of this animal by Alison Pearce.

Veterinary Surgeon Signature:

Print Name:

Date:

Please return the completed form by email or post to the address above.

I, Alison Pearce, respect the Veterinary Surgeons Act 1966 and Exemptions Order 2015 by never working upon an animal without gaining prior veterinary consent.