



Melissa Cook RVN Dip Vet. Phys MIRVAP AHPR

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Veterinary Consent Form

Dear Veterinary Surgeon,

Please could I kindly ask you to complete and sign this document. With your permission I would like to complete a full physiotherapy assessment and treatment on the below animal.

A bit about me; have been in veterinary practice for 18 years, working as a Veterinary Nurse, including a 10-year position as Head Nurse. I have been a Veterinary Physiotherapist for 4 years, I completed a Level 6 Diploma in Small animal and Equine Physiotherapy at Berkshire College. I run a mobile animal physiotherapy business in Sussex and Kent. I use a combination of manual and electro therapies, including class 4 laser therapy. Please advise me of any relevant history or contraindications you are aware of.

Veterinary Practice..... Veterinary Surgeon.....

Telephone Number.....

Owner details

Name

Address

Telephone Number

Animal details Please circle

Name

Species Equine Canine Feline Other.....

Age Colour Sex M / F Neutered yes / no Height

History

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I give my consent for Melissa Cook to perform physiotherapy treatments on the above animal. I declare to the best of my knowledge that there is no medical reason why the above animal cannot undergo physiotherapy treatment.

Print

Sign

Any information I collect from you will be stored securely and not disclosed to any third party without previous consent. On request a full report can be submitted back to you once I've seen the above animal. Otherwise, I will use my own discretion and at the Owners request/permission to report back any findings.

Thanks again for your time.

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