



Kye Payne
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Veterinary Consent Form

CLIENT DETAILS

Name:

Address:

Postcode:

Telephone:

Email:

VETERINARIAN DETAILS

Name:

Name of Practice:

Address:

Postcode:

Telephone:

Email:

PATIENT DETAILS

Name:

Birth Date:

Species:

Gender:

Breed:

Current Diagnosis:

Current Medication:

Additional Notes:

Any History Of (Y/N)

Cancer:

Heart Condition:

Epilepsy/ Seizure:

Ulcers:

VETERINARIAN DECLARATION

I deem this animal of suitable health to undergo physiotherapy treatment. I authorise Kye Payne at Every Step V Physiotherapy Ltd trading under Every Step Veterinary Physiotherapy, to carry out Veterinary Physiotherapy treatment on this animal. This may include, if appropriate, manual techniques including massage, myofascial release, stretch and joint mobilisation, electrotherapies including Class IV Laser, Class 3B Laser /Photobiomodulation, Pulsed Electromagnetic Field Therapy, TENS, Thermotherapy, Cryotherapy, Therapeutic Ultrasound and remedial exercise prescription.

Veterinarians Signature:

Print Name:

Date:

Once completed, please email a copy to info@stepbystepvetphysio.co.uk along with the patients clinical history