



VIP | Vet Physio
Veterinary Integrated Physiotherapy

Veterinary Physiotherapy Consent Form
Sally Butler ACPAT Chartered Physiotherapist

Owner's Name:			
Address			
Telephone:			
Email:			
Animal's Name			
Breed		Sex	
Colour		Age	

Diagnosis	
Investigations	
Pre-existing conditions	
Medication	

I consent to this animal having a physiotherapy assessment and treatment. I understand that I am not responsible for this treatment, and the provision of professional indemnity insurance is the responsibility of Sally Butler.

Vet Practice:			
Telephone:			
Email			
Vet's name (print):			
Vet's signature		Date	

**Please return signed Consent Form to vipvetphysio@gmail.com
before your first appointment**