



**VIP | Vet Physio**  
Veterinary Integrated Physiotherapy

**Routine Fitness Check Consent Form**  
**Sally Butler ACPAT Chartered Physiotherapist**

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

Brief medical history	
Pre-existing conditions?	
Any current concerns?	
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](mailto:vipvetphysio@gmail.com)  
before your first appointment**