

VETERINARY CONSENT FORM



NICOLE SKYRME
VETERINARY PHYSIOTHERAPY

Nicole Skyrme Veterinary Physiotherapy is owned and run by a fully qualified and insured Veterinary Physiotherapist, Nicole Skyrme (PGDip), who is a proud member of the National Association of Veterinary Physiotherapists (NAVP).

Nicole Skyrme Veterinary Physiotherapy is a mobile service for horses and dogs; providing a professional and friendly service to Buckinghamshire, Berkshire, South Oxfordshire and parts of North Hampshire. We provide post-operative rehabilitation for a variety of orthopaedic and neurological cases, sport and fitness physiotherapy for competition horses and working dogs and conservative management for a variety of conditions such as osteoarthritis.

We offer a variety of manual therapies, including soft tissue massage, myofascial release and stretching, electrotherapies such as Pulsed Electromagnetic Field Therapy (PEMFT), heat therapy, Photizo light therapy, Blue light therapy, Transcutaneous Electrical Nerve Stimulation (TENS) and Remedial exercise.

Section 1: to be completed by the owner

Client details

Owners name:

Yard address (equine only): Postcode:

Home address: Postcode:

Email address:

Mobile number: Home number

Animals details

Pets name: Breed and colour:

Sex: D.O.B:

Reason for veterinary physiotherapy treatment / brief medical history:

Vet details

Practice name:

Address: Postcode:

Email address: Telephone number:

Owner consent: I consent that the clinical history of the animal above can be shared with *Nicole Skyrme Veterinary Physiotherapy* and the information that I have provided is correct.

Signature:

Date:

Section 2: to be completed by the veterinary surgeon

Veterinary physiotherapy has been requested for the above patient, either by the veterinary surgeon, or by the owner. *Nicole Skyrme Veterinary Physiotherapy* is required to gain relevant clinical history and veterinary consent prior to commencing veterinary physiotherapy treatment. Please complete the form in full with all the necessary information and fill any blank spaces with N/A. Please send a copy of the patient's clinical history to us with the complete and signed copy of this consent form to

nsvetphysio@gmail.com

Brief medical history

Please provide a brief summary of the patients' medical history of any pre-existing medical conditions, previous or ongoing injuries, conditions, medications, surgical procedures and/or treatments that you feel is relevant for the veterinary physiotherapist to be aware of before commencing with veterinary physiotherapy treatment.

Date	Brief medical history

Vet consent: I confirm that this animal is in a suitable state of health to undergo physiotherapy assessment and treatment and I consent to this animal having such treatment.

Veterinary surgeons name:

Signature:

Date: