



Veterinary Consent Form

Patient Name:

Breed:

Sex:

D.O.B

Weight:

Veterinary Surgery:

Clinical Information

Presenting Condition (Summary of the) Animal's injury/condition. Areas of caution, comments, medical history:

Is the patient currently on any medication? If so, please detail.

Treatment modalities for consent:

Physiotherapy – Yes

Hydrotherapy – Yes

*Physiotherapy may include the use of electrotherapies

In your opinion is the above named animal in a suitable state of health to undergo treatment at the present time: Yes / No

Vaccination up to date? Yes/No

Date of last Vaccination:

Feedback: Nil required/ 5 weeks/ 10 weeks

Veterinarian Signature:

Print Name:

Date: