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ACPAT Chartered Physiotherapist

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Canine Treatment Consent Form

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| --- | --- |
| Name: | Dog Name: |
| Address: | Initial assessment address: |
| Telephone: | Age: |
| Email: | Sex: |
| Vet: | Colour: |
| Insurance: | Breed: |
| Owned for : | Current Exercise: |

What to expect from the physiotherapist:

* Full explanation of how physiotherapy can help your animal including any adverse effects
* Fully assess your animal prior to treatment and explain this to you
* Explain any treatment modalities used during treatment session
* Gain consent from your Vet and provide summary of treatment to your vet on discharge if requested
* Refer you back to the vet for further investigations/advice where appropriate

What we expect from you:

* To Inform the physiotherapist immediately if you are unhappy with any treatment you or your animal has received
* Notify us of any **change to your animals condition** or **medical history** as soon as possible
* Provide us with a safe environment to work including competent handlers - we cannot accept any liability for loss or injury occurred during a session
* Adhere to our **terms of business** -
  + Please provide us with **48 hours’** notice of any changes to appointments or a charge will be incurred
  + **Payment** is required either at the time of appointment or within seven days via the method agreed
* You are entitled to refuse treatment at any time

**I have read and understood the privacy policy and consent for my personal data to be used as part of the services provided by EquiFit Physio and the CanineFit Clinic - YES  NO **

I the owner/Keeper of the animal give my consent to physiotherapy assessment and appropriate treatment

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_