



Veterinary Physiotherapy Consent Form

Amanda Butler – Veterinary Physiotherapist (BSc • PGDip • NAVP)

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Owner Details

Owner's Full Name: _____

Address: _____

Phone Number: _____

Email: _____

Animal Details

Animal's Name: _____

Species (Horse/Dog/Cat): _____

Breed: _____

Age: _____ Sex: _____

Veterinary Practice Name: _____

Veterinary Surgeon Name: _____

Veterinary Contact Number: _____

Relevant Clinical History

Veterinary Consent

In compliance with the Veterinary Surgeons Act 1966, veterinary physiotherapists may only treat animals with the consent of the attending veterinary surgeon.

I confirm that my veterinary surgeon has given consent for physiotherapy treatment of the above-named animal.

Veterinary Surgeon's Signature: _____

Date: _____

Physiotherapy Treatment

Physiotherapy may include manual therapy, electrotherapy, exercise therapy, massage, and rehabilitation techniques.

Treatments will be tailored to the individual needs of the animal, and progress will be regularly reviewed.

I understand that:

- All treatments are complementary to veterinary care and not a replacement.
- Some animals may experience temporary stiffness, fatigue, or mild discomfort after sessions.
- If any concerns arise, I will contact Amanda Butler immediately.
- I am responsible for following aftercare and exercise recommendations.

Owner Consent

I, the undersigned, confirm that I am the legal owner/keeper of the above animal. I give consent for Amanda Butler to provide physiotherapy treatment, in accordance with veterinary referral and professional practice standards.

Owner's Signature: _____

Date: _____

Data Protection

All records will be kept in accordance with GDPR and will only be shared with the attending veterinary surgeon or relevant professionals involved in the care of the animal.