



Inglis Veterinary Health and Wellness Centre  
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### HYDROTHERAPY/PHYSIOTHERAPY CONSENT FORM

#### Client and Patient details

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Patient name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
Vaccination status: \_\_\_\_\_ Insured: \_\_\_\_\_ Sex: \_\_\_\_\_

Summary of the patient's condition/injury, areas of caution, comments etc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Relevant past medical history \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Current Medication: \_\_\_\_\_  
\_\_\_\_\_

#### Veterinary Details (this section must be completed by the patients Veterinary Surgeon)

Practice Name and address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Name of referring Veterinary Surgeon: \_\_\_\_\_  
I consent to the above named animal to partake in hydrotherapy/ physiotherapy:  
Signature \_\_\_\_\_