Thrive Animal Therapy
www.thriveanimaltherapy.com
thriveanimaltherapy@gmail.com
07551084884

VETERINARY CONSENT FORM

Client name: _____ Telephone number:_____

Client Address:_____

Animal Name: _____ Species:_____ Breed: _____ Sex: _____ Age:_____

Current Veterinarian: _____ Phone:_____

Veterinary Practice:_____

Clinical signs/ Veterinary Diagnosis:	
What veterinary treatment has/is being given for this condition?	
Please specify any medication the animal is on:	
Any Veterinary precautions/contraindications/ specialist instructions?	

This animal is a patient under my care. It is my opinion that this animal is fit to receive physiotherapy and/or bodywork/remedial exercise. I authorise physiotherapy and/or bodywork/remedial exercise to be carried out by Sophie Pickard, of Thrive Animal Therapy BSc(Hons) Veterinary Nursing, Dip A Phys, EEBWI, RAMP member.

Veterinary Surgeon Signature:_____ Date:_____

I wish to be updated on this animal's progress;

o After initial session o After every session o Every 3 months o Other, please specify_____

By o Email o Post o Telephone

Please return completed form to: Sophie Pickard, Thrive Animal Therapy, East Woods Barn, Dacre, Harrogate, HG3 4EU Or email to thriveanimaltherapy@gmail.com