



Tel: 07949838152

Email: gmgriffiths1@gmail.com

Member of the National Association of  
Veterinary Physiotherapists

Owner's name:

Owner's address:

Owner's email address:

Owner's Telephone number

Animal name:

Animal's Age:

Sex:

Breed:

Insured Y/N and insurance company:

Animal's History (e.g medical history, how long with current owner, injuries etc.):

Yard address:

Name of Veterinary Surgeon:

Practice name:

Owners Consent for Veterinary Physiotherapy Treatment and Privacy Information

Please tick the boxes below

- I consent to you keeping my contact details.
- I consent to you keeping treatment and medical records of the above animal.
- I consent for the veterinary physiotherapist to discuss treatment with my Veterinary surgeon and other specialists e.g. Saddle fitters, Farriers.
- I am happy to receive communications by email.



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- I am happy to receive communications by telephone.
- I am happy to receive communications by mobile(text messages)
- No thank you **I do not** wish to receive communications by post.

The details you have provided will be held on a secure computer system with no access to third parties and will only be used with regards to treatment of your animal, to contact you regarding treatment of your animal and to confer with the veterinary surgeon or other professionals (e.g. saddle fitters, farriers etc.) in question.

Your details will not be passed on without your consent.

Any time you wish to stop having treatment on your animal(s) or would like your details removed from our system, please contact us with your request

We regularly review and, where necessary, update our privacy information.

Owner signature:

Print name:

Date:

Ps you can either fill this in on the computer in type or print it and then scan it or take a picture to send it back to me