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 Portsmouth
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Canine Fit

Physio & Sports Therapy

Veterinary Physiotherapy - Massage - Rehabilitation - Sports Therapy

Veterinary Consent Form

Owners Name:		Practice & Address:
Address:		
Contact No:	Vets Name:	
Animal Name:	Contact No:	
Breed:	Age:	Email:
F/M:		

Diagnosis / Relevant Medical History:

Details of current medication and dose:

Veterinary Surgeons Declaration:

In my opinion the above-named animal is in a suitable state of health to undergo Veterinary Physiotherapy and or Massage Therapy by Lisa Baker, BA(HONS), Dip.A.Phys, GalenDip, IAAT, IRVAP, IAVRPT

Vet:

Signature:

Date:

Please email to caninefitphysio@gmail.com



IRVAP

