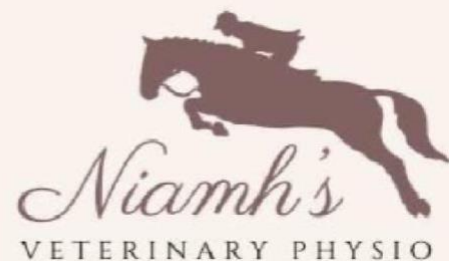


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**07554851503**



### **Physiotherapy Consent Form**

<b>Client Name</b>	
<b>Address</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Patient Name</b>	
<b>Breed</b>	
<b>Age</b>	
<b>Veterinary Condition/Diagnosis/Symptoms to be treated:</b>	



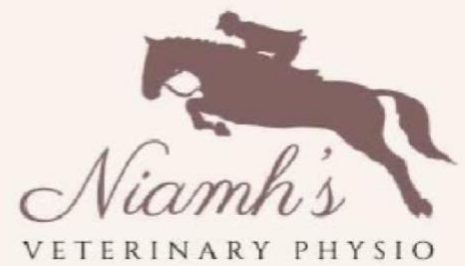
**BALENS**

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Does your patient have any of the following conditions?

Please give details of the above or any other medical conditions your patient has:

Epilepsy or history of seizures	
Heart conditions	
Respiratory conditions (including laryngeal paralysis)	
Skin/eye/ear conditions (delete as appropriate)	
Tumours (Benign, Malignant, fatty)/ Cancer	
Behavioural issues i.e., aggressive, or nervous	

Would you like to receive a progress report? y/n

Email address where you would like report sent to:

• I certify I have examined the above animal at rest and find no reason why it should not undertake – physiotherapy or moderate exercise using remedial exercises.

I take no responsibility for the treatments carried out by Niamh's Veterinary Physiotherapy.

Please ensure full clinical history will be sent to [niamharvey3@gmail.com](mailto:niamharvey3@gmail.com)

(signature) ..... MRCVS

Name.....

Date.....

Practice Stamp



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