

Client Registration Form & Veterinary Authorisation

Please complete **Sections A & B** and then email this form to your Veterinary Surgeon, requesting that **Section C** be completed and emailed to julia@hewitsonphysio.co.uk or returned to you before the first appointment.

Our Privacy Policy can be found at www.hewitsonphysio.co.uk and describes what information we collect and how we use it, in accordance with the EU General Data Protection Regulation (GDPR).

Section A – Owner Details

Name

Address

Post code Email

Contact telephone number/s

Section B – Animal Patient Details

Name Species/Breed

Sex (male/female/neutered, etc) DOB/Age

Owner's consent & declaration:

I confirm that the above Owner and Patient details are correct and I consent to Veterinary Physiotherapy. I accept full responsibility for payment for treatments and I am aware that cancelled treatments will be charged in full if not cancelled at least 24 hours prior to an appointment.

Print name Signature Date

Section C – Veterinary Practice

Veterinary surgeon

Practice address

Post code

Telephone Email

Short medical history of animal patient, if relevant

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Details of any current medication

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Veterinary Surgeon's consent for Veterinary Physiotherapy treatment for the above animal:

Print name Signature Date

*Please indicate if you would like to receive treatment reports: **Yes / No** (please circle)*

*If yes, please indicate how you would like to receive reports: **Email / Phone** (please circle)*