



Trudie Gammon
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Veterinary Consent Form

Owner Details

Name			
Email			
Contact Number			
Address		Postcode	

Vet Details

Referring Vet Surgeon			
Practice Address		Postcode	
Email			
Contact Number			

Patient Details

Patient Name		Species	
Breed		Neutered (Y/N)	
DOB		Insured (Y/N)	

Health Information

Reason for Referral			
Temperament		Vaccinated (Y/N)	
Pre-existing Medical Conditions/ Allergies			

Current Medication	
Additional Notes	

We also welcome you to send any resources which you believe will benefit the patient's care (e.g., diagnostic imaging).

Declaration of Consent

By completing and signing this form, I am confirming that this patient is under my veterinary care. I consider this animal suitable and hereby consent for them to undergo veterinary physiotherapy carried out by Herriot Veterinary Physiotherapy.

I understand that the animal may be referred to myself should the veterinary physiotherapist deem it appropriate.

Vet Signature: _____ **Date:** _____

The data provided on this form will be kept securely for a maximum of 10 years in line with current GDPR requirements. For more details on how we will manage this data please visit:
www.herriotvetphysio.co.uk