

**McMahon Veterinary Physiotherapy**

 **Danielle McMahon**

**BSc (Hons), PgD (Vet Phys), MNAVP, MAHPR**

**Veterinary Physiotherapist**

**Veterinary Authorisation and Client Registration Form**

**(Please complete Client and Animal details and then pass this form to your Veterinary Surgeon, kindly requesting the Vets section is completed and either returned to the owner or myself)**

**Clients Details**

**Name:**  **Age:**

**Species (Canine/Feline/Equine/Other):**

**Breed:**

**Sex:**

**Neutered: Y/ N**

**Date of Birth:**

**Insurance Company: Policy Number:**

**Date of most recent Vaccination:**

**Name:**

**Address:**

**Postcode:**

**Home Telephone: Mobile:**

**Date Email:**

**Animals Details**

**Veterinary Practice**

**Veterinary Surgeon:**

**Veterinary Practice Address:**

**Telephone and Email:**

**Summary of Relevant Medical History and Background:**

**Please send medical history along with his form**

**Medication:**

**Veterinary Surgeon Declaration:** In my opinion, the above-named animal is in a suitable state of health to undergo Physiotherapy

I understand that by giving consent, I am not responsible for any (type) treatment given and the provision of professional indemnity insurance for this is the responsibility of McMahon Veterinary Physiotherapy

**Name Printed: Signed: Date:**

**Vet Report Required YES** [ ]  **NO** [ ]

**Danielle McMahon -** Veterinary Physiotherapist

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