**Physiotherapy consent**

Physiotherapy with Emma

07845615634

[physiotherapywithemma@gmail.com](mailto:physiotherapywithemma@gmail.com)

www.physiotherapywithemma.com

|  |  |  |
| --- | --- | --- |
| **Owner details** | | |
| Name: | | |
| Address: | | |
| Email: | | |
| Telephone: | | |
| How do you prefer to be contacted? Phone / Email / Either | | |
| How did you find out about Physio with Emma? | | |
| **Pet details** | | |
| Name: | Gender: | Breed: |
| Date of birth: |  |  |
| **Veterinary details** | | |
| Vet: |  | |
| Practice: |  | |
| Telephone: |  | |
| Medication: |  | |
| Reason for referral: |  | |
| Surgeries/investigations and dates: |  | |

* I give consent for physiotherapy and the use of appropriate machines to be used on my pet. I understand that certain techniques are not recommended in pets with cancer, epilepsy, heart conditions, pregnancy or undiagnosed acute pain. I have informed the therapist if any of these apply. If ultrasound is required, I understand that this may rarely cause burns. Precautions will be taken to minimise risk.
* I will inform the therapist if my pet’s condition changes or if any treatment is required to stop.
* I will endeavour to give as much notice as possible if cancellation is required. I accept that there is a cancellation fee of 50% to cover overheads if an appointment is cancelled within 24 hours of the booked appointment. If Emma has travelled to a location for your appointment and you fail to attend, there will be a cancellation fee of 100%. If you or your family has COVID, please notify Emma as soon as possible to discuss arrangements for the session.
* I understand that treatment is by veterinary referral only and this must be obtained annually.
* I give consent for my pet and any photos taken during the sessions to be used as a case study on social media or for marketing purposes.
* I give consent for my contact details to be used to contact me about services relevant to my pet and to communicate with my veterinary surgeon. They will never be passed on to any other parties.
* Payment is due at the time of appointment by cash, card or BACS.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_