



# Canine Fit

Physio & Sports Therapy

Veterinary Physiotherapy - Massage - Rehabilitation - Sports Therapy

## Veterinary Consent Form

Owners Name:	Practice & Address:
Address:	
Contact No:	Vets Name:
Animal Name:	Contact No:
Breed:                      Age:	Email:
F/M:	

**Diagnosis / Relevant Medical History:**

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**Details of current medication and dose:**

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**Veterinary Surgeons Declaration:**

In my opinion the above-named animal is in a suitable state of health to undergo Veterinary Physiotherapy by Lisa Baker, BA(HONS), Dip.A.Phys, GalenDip, IAAT, IAVRPT

**Referring Vet:**

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**Signature:**

**Date:**

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**Please email to [caninefitphysio@gmail.com](mailto:caninefitphysio@gmail.com)**

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