



KENT & SUSSEX VETERINARY PHYSIOTHERAPY  
 SARA BARNES MCSP  
 ACPAT CHARTERED PHYSIOTHERAPIST  
 CATEGORY A MEMBER



Physiotherapy Consultation and Treatment by Veterinary Referral  
 Saddletech Computerised Saddle Analysis

## CANINE CLIENT CONSENT FORM

Please ensure you fill out this form in full and return it via fax or email (details at bottom of page) as soon as possible. Your appointment cannot be booked until we have this information. Thank you.

Your Name: .....

Your Home Address: .....

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Email: .....

Home Phone: .....

Mobile: .....

Name of Animal: .....

Breed/Type: .....

Age: .....

Dog/Bitch (delete) .....

Neutered/Entire (delete) .....

Colour: .....

Insurance Company: .....

Name of Veterinary Surgeon: .....

Practice Name: .....

Practice Address: .....

.....

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Email: .....

Telephone: .....

Mobile: .....

Fax: .....



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# CANINE CLIENT CONSENT FORM (2 of 2)

History of Present Complaint:

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Signature:

Print Name:

Date: