

The Small Animal Clinic
Barnards Farm
Wymondham
NR18 0RR

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Veterinary Consent Form

For completion by owner

Owner full name:

Address:

Contact no:

Email:

Type of Animal:

Breed:

Name:

Neutered? Y/N

Age/DOB:

Sex: M/F

Colour:

I confirm I am the legal owner of the above named animal and that all information presented is true and correct to the best of my knowledge. I give consent for my animal to be treated by persons working at The Small Animal Clinic.

Signed:

Print:

Date:

By printing your name above you give confirm your details are correct.

For completion by Veterinary Surgeon

Veterinary Practice Name, Address and contact details:

Veterinary Surgeon Name:

Any specific reason for treatment, relevant clinical history or areas of concern:

Is the animal on any medication? Y/N (if yes, please provide details)

In your opinion, is the above named animal in a suitable state of health to receive:

Massage Y/N

Hydrotherapy Y/N

Physiotherapy Y/N

Osteopathy Y/N

Signed:

Print:

Date:

By printing your name above you confirm your details are correct and give consent for treatment.

The Small Animal Clinic is fully insured and persons carrying out and persons carrying out canine therapy are fully qualified or under the supervision of those fully qualified in canine therapy. We adhere to the Veterinary Surgeons Act 1966, and Exemptions order 2015, meaning we will never treat an animal without prior veterinary consent.