



TOP PERFORMANCE

VETERINARY PHYSIOTHERAPY

Instructions: Section A and B is to be completed by the owner; section C is to be completed by the veterinarian
Once completed: email or provide photographic proof of the form through a message sent directly to the details below

Section A: Client Details

FULL NAME:	<input type="text"/>
CONTACT NUMBER:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>
ADDRESS:	<input type="text"/>
TERMS & CONDITIONS:	<input type="checkbox"/> I confirm I am the legal owner of the named animal and give consent for physiotherapy treatment to be provided by Top Performance Veterinary Physiotherapy <input type="checkbox"/> I agree that my data might be shared across professionals involved within my animal's care and treatment <input type="checkbox"/> I understand that reports are only to be used by trained health professionals and not to be used by myself or others for diagnosis or self-evaluation

Section B: Animal's Details

NAME:	<input type="text"/>	SEX:	MALE: <input type="checkbox"/>	FEMALE: <input type="checkbox"/>	NEUTERED: <input type="checkbox"/>
BREED:	<input type="text"/>	COLOUR:	<input type="text"/>		
DATE OF BIRTH:	<input type="text"/>	LAST VET VISIT:	<input type="text"/>		

Section C: Veterinarian Details

FULL NAME:	<input type="text"/>		
CONTACT NUMBER:	<input type="text"/>		
EMAIL ADDRESS:	<input type="text"/>		
PRACTICE ADDRESS:	<input type="text"/>		
CLINICAL HISTORY: (Include any relevant information pertaining to clinical issues and medication)	<input type="text"/>		
TREATMENT CONSENT:	Date: <input type="text"/>	Signature: <input type="text"/>	
STATEMENT VALID:	<input type="checkbox"/> Until otherwise stated	<input type="checkbox"/> For _____ months	<input type="checkbox"/> I give consent for the animal to receive laser therapy regardless of whether they have been prescribed anti-inflammatories