



Veterinary Physiotherapy  
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### Veterinary Physiotherapy Intake Form

Horse  / Dog  / Small Animal  / Farm Animal

Client Information	
Name:	Tel:
Address:	Email:
Animal Information	
Name:	DOB:
Breed:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Activity Level – briefly explain weekly regime including walks, competitions, turnout, garden access.	
Clinical History	
Reason of appointment:	
Medical History:	
Medication:	
Registered Veterinary Practice	
Vet Surgeon:	Tel:
Practice Name:	Email:
Declaration	
<ul style="list-style-type: none"><li>- I declare that my <b>animal is registered with a veterinary surgeon.</b></li><li>- <b>I give permission for the veterinary physiotherapist to discuss treatment</b> with my <b>veterinary surgeon</b> and understand that the veterinary physiotherapist may refer my animal back to the veterinary surgeon if an unknown health concern or underlying condition are identified during the appointment.</li><li>- I confirm that the <b>information</b> given above <b>is true</b> and accurate to the best of my knowledge.</li><li>- By signing this consent form, I <b>agree to</b> Anna Srutova Veterinary Physiotherapy's <b>terms and conditions</b> which can be viewed on their website <a href="http://www.vetphys.info">www.vetphys.info</a>.</li></ul>	
Signature:	

Thank you for your time.

Anna Srutova, MSc

Member of NAVP, FEI PET

