Physiotherapy Consent Form

Please Complete and return to:

stretchandcollect@outlook.com

**Animal Details**

**Name:** Click or tap here to enter text.

**Species:** Click or tap here to enter text.

**Breed:** Click or tap here to enter text.

**Age:** Click or tap here to enter text.

**Owner Details**

**Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Current Condition or Relevant History:** Click or tap here to enter text.

I confirm that the patient described belongs to me and I consent to the patient described receiving a physiotherapy assessment and appropriate treatment from Sarah Marlor Veterinary Physiotherapist BSc (Hons).

**Signed (Owner):** 

**Printed Name (Owner):** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Veterinary details:**

**Veterinary Surgeon Details:** Click or tap here to enter text.

**Telephone Number:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Veterinary practice and Address:**  Click or tap here to enter text.

**Further Notes or Recommendations:** Click or tap here to enter text.

**The patient listed above has been referred for physiotherapy treatment or a physiotherapy assessment has been requested by the mentioned client.**

I can confirm that the patient described is under my care and is fit to receive physiotherapy treatment in my opinion. I consent for the patient described to receiving a physiotherapy assessment and appropriate treatment from Sarah Marlor Veterinary Physiotherapist BSc (Hons).

**Signed: **

**Printed Name:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

Initial findings upon assessment will be reported to the above details, in addition to ongoing updates of progress. **Should you request further information about the services provided by Stretch and Collect – Sarah Marlor Veterinary Physiotherapy or wish to discuss this patient further. Please do not hesitate to call me on 07804797715.**

**Personal Data**

Stretch and Collect is known to be the controller of all personal data which is provided.

Unless otherwise agreed, only basic personal data will be collected, not including special categories of personal information (‘Sensitive personal data’). The information includes, name, address, telephone number and email address.

It is necessary for us to know basic personal data, in order to provide the service which have been engaged with. If you do not provide this information, then Stretch and Collect will be unable to provide the desired services. No personal data which isn’t required to provide the services we have agreed to provide you with will be collected.

All personal data is processed by employees of Stretch and Collect in the United Kingdom and third parties will not have access to your data, unless there is legal obligation for us to provide them with this. Please be aware that personal information may be stored on a cloud-based system, however, we take all reasonable steps to ensure that all personal data is processed securely.

Generally, all personal data is kept for a minimum of 6 years, after which it will be destroyed, providing that it is no longer required for the lawful purpose for which it was obtained. If consent is provided for marketing, any information which we use for this purpose will be kept until you inform us that you no longer wish to receive this information.

If you wish for us to send information regarding our products and services, by post, email, telephone or SMS then please state below how you may wish to receive this information. This may include possible appointment reminders.

**SMS** [ ]

**Email** [ ]

**Post** [ ]

**Telephone** [ ]

**Please sign below to indicate that you have read the above information and consent to opt in for communication as stated above.**

**Signature: **

**Printed Name:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.