

## Client Form

Owners Details			
Name:			
Address:			
		Postcode:	
Email:		Telephone:	

Patient Details						
Name:		Vaccination Status:		Insured?	Yes	No
DOB:				Insurance Company and Policy Number:		
Sex:		Other relevant:				
Breed:						

Vet Details			
Veterinary Surgeon:			
Practice Name:		Tel No:	
Practice Address:			
Email Address:			

It is important that your pet's visit to Innovative Physiotherapy is an enjoyable and safe experience for all. Please read through the Terms and Conditions listed below:

- Animals must be kept under control at all times.
- Treatment cannot start without completion of a Veterinary Referral Form from your animal's veterinary surgeon.
- Owners must notify us if their pets condition deteriorates or if their vet advises postponing or stopping treatment.
- We reserve the right to charge full fees if an appointment is cancelled or broken without 24 hours notice.
- No responsibility can be taken for any loss or damage to personal possessions or to vehicles whilst at Innovative Physiotherapy.
- We would like to use photographs and video footage taken during the session. If you would prefer us not to use them then please inform us prior to signing below.

I declare that I am the legal owner of the patient named above and that the information provided in this form is correct. I have read and fully accept the terms and conditions.

Signed:		Date:	
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