

## CONSENT FOR PHYSIOTHERAPY AND DATA COLLECTION

*Please complete this consent form and bring it with you to the initial Physiotherapy appointment.*

1. I am the owner or the agent of the owner of \_\_\_\_\_
2. I am over 18. \*YES NO
3. I have read and understand the “Physiotherapy Introductory Pack” documents. \*YES NO
4. I have no unanswered questions about what is involved. \*YES NO
5. I consent to my pet receiving physiotherapy as explained to me and as judged best to care for my pet. \*YES NO
6. I consent to data about my pet’s treatment being collected, analysed and published in a way that keeps the identity of me and my pet confidential. \*YES NO
7. I understand:
  - (a) The veterinarian (vet) will at all times lead the team providing care to my pet. \*YES NO
  - (b) The vet will explain what veterinary care is required. \*YES NO
  - (c) I can ask the physiotherapist about the physiotherapy for my pet:
    - in person; \*YES NO
    - by telephone on 4739 4557; or
    - by email at [info@k9physio.com](mailto:info@k9physio.com) .
  - (d) At any time I can withdraw any consent I have given. \*YES NO
8. I will complete the **Owner Survey** if randomly selected to participate. \*YES NO
9. I undertake to pay all costs associated with physiotherapy as they fall due. \*YES NO
10. I give permission for my pet to be identified and details of their physiotherapy care and photograph/s to be published on the “hall of fame” page at [www.k9physio.com](http://www.k9physio.com) Please write conditions if you would, e.g, be happy for your pet’s photo to be published but not their name or details: \*YES NO

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

\* **Strike out the one that does NOT apply**