ANIMAL Physiotherapy Services

Dr **Helen Nicholson** BPhty, MAnimSt(Animal Physiotherapy), PhD

Member APA & APG, APA Animal Physiotherapist

and Associates

PO Box 3108 Blaxland East LPO NSW 2774 Ph/Fax: (02) 4739 4557 or E: info@k9physio.com

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.	All of my questions about what is involved, to date, have been answered.	*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 physiotherapists about the physiotherapy for my pet:		
	 in person; by telephone on 4739 4557; or by email at info@k9physio.com. 	*YES	NO
	(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 at www.k9physio.com and/or in the physiotherapists' rooms. 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: Witness: (optional)		

^{*} Strike out the one that does NOT apply