

**Sussex Vet Rehab**

**Email** [josie@sussexvetrehab.co.uk](mailto:josie@sussexvetrehab.co.uk)

**Phone** 07938 624430

**Website** [www.sussexvetrehab.co.uk](http://www.sussexvetrehab.co.uk)



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### Client Registration and Veterinary Authorisation Form

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*\*\* If you have contacted Sussex Vet Rehab directly for a general maintenance treatment and your animal has no current conditions, please skip the Vet's Section and provide your consent in the Owner Declaration Section.*

*Please then send the completed form to the email address listed above prior to your first appointment*

*For referrals, or animals with current conditions, please complete the Client Details and Patient Details Sections on page 1 before passing the form to your Veterinary Surgeon, kindly requesting that the Vet's Section on page 2 is completed and returned to you. \*\**

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#### Section 1 - Client Details

Name		Email	
Telephone		Date	
Address			

#### Section 2 - Patient Details

Name		Sex	
Species		Neutered	
Breed		Insurance Company	
DOB/ Age		Date of Most Recent Vaccination	
Veterinary Surgeon/ Practice Details			

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<b>Section 3 - Veterinary Details</b> <i>(To be completed by referring Veterinary Surgeon)</i>		
Veterinary Surgeon		<b>Summary of relevant medical history:</b> <i>(Please attach a copy of the patient's veterinary history if necessary and permission has been given by the Owner)</i>
Telephone		
Practice Address		
Details of Any Medications		
<i>In my professional opinion, the above named animal is in a suitable state of health to undergo Massage Therapy treatment and I hereby give my consent.</i>		Signed:  Date:

<b>Section 4 - Owner Declaration</b>	
<i>I declare that to the best of my knowledge the above named animal has no underlying health issues and the animal is not currently being treated by a veterinary surgeon for any medical problems.</i>	Signed:  Date: