



The Wellness Centre - Treatment Consent Form

Please indicate to which service the patient is being referred: (please tick appropriate)

Physiotherapy Hydrotherapy Laser therapy

Section A: Owner Details		Owner to complete
Name		
Address		Tel
Email		

Section B: Dog details			Owner to complete
Name		Sex	Breed
Temperament			
DOB		Most recent vaccination date	

Section C: Veterinary Details		For Veterinary Practice to Complete
Veterinary Surgeon's declaration: In my opinion, the above animal is in a suitable state of health to undergo treatment at The Wellness Centre for the above specified modality.		
Name	Email	
Address and Practice Stamp		
Reason for referral and relevant history:		
Signature	Date	

You, as the treating Veterinary Surgeon, confirm that you have all the necessary rights and legal bases, and/or have obtained consent, to collect and share personal data of the Owner with The Wellness Centre and the Linnaeus family of Veterinary businesses or the purpose of rehabilitation. You agree to indemnify The Wellness Centre and the Linnaeus family of Veterinary businesses in the event that you do not have the lawful right to collect, use and share personal data of the Owner.

Please return this form to; The Wellness Centre, East Barn, East Shalford Lane, Guildford, Surrey, GU4 8AE or email to wellness@oakbarnvets.com. The client will be contacted to book an appointment on receipt of the completed form.