



Amber McMillan
IMSc Level 7 Veterinary Physiotherapist
The Pet Physio
Cayman Islands
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Client Record & Owner Consent Form - Equine

| <i>Patient Information</i> | |
|--|--|
| <i>Name</i> | |
| <i>Breed</i> | |
| <i>Sex (i.e. Mare/Gelding/Stallion)</i> | |
| <i>D.O.B. or approx. age</i> | |
| <i>Coat/Colour</i> | |
| <i>Address of the yard where your horse is kept</i> | |
| <i>Owner Information</i> | |
| <i>Name</i> | |
| <i>Address</i> | |
| <i>Telephone</i> | |
| <i>Mobile</i> | |
| <i>Email</i> | |
| <i>Current Vet</i> | |
| <i>Preferred contact method</i> | |
| <i>Availability for sessions</i> | |



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Case History

| | |
|--|--|
| <i>What is the main reason you require physiotherapy for your horse? (general maintenance / well-being or performance? Any particular areas or issues you want attention on? Have any behaviours or situations resulted in this inquiry?)</i> | |
| <i>Previous Injury (if applicable)</i> | |
| <i>Previous surgery/treatment (including if your animal has received physiotherapy before)</i> | |
| <i>Health concerns/conditions (ongoing and/or previous)</i> | |
| <i>What is your horses discipline / what type of exercise or activities do you do with them?</i> | |
| <i>What did your horse do before you owned them? Different discipline?</i> | |
| <i>Is your horse currently turned out? If yes, please state when and approx. duration</i> | |
| <i>What does a normal week of work look like?</i> | |
| <i>Diet</i> | |
| <i>Medications/injections</i> | |
| <i>Additional information (temperament, any behavioral concerns etc.)</i> | |



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Owner Consent

I, _____(the owner), give consent for Amber McMillan (the Veterinary Physiotherapist) to provide physiotherapy treatment to _____(the patient). I understand that the Veterinary Physiotherapist will not diagnose conditions, attempt musculoskeletal adjustments or prescribe medication for my animal. I understand that physiotherapy is not a replacement for veterinary care. I give the Veterinary Physiotherapist permission to contact my vet directly and obtain medical records. I understand that the Veterinary Physiotherapist may refer the patient back to the attending veterinary surgeon and/or other paraprofessionals at any time throughout rehabilitation, if appropriate. I understand that the Veterinary Physiotherapist may share records of treatment, interventions and consultive notes with the Cayman Islands Veterinary Board if requested. The Veterinary Physiotherapist will otherwise uphold confidentiality.

Signed _____

Dated _____