Veterinary Referral / Consent Form

**Client’s Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone no. |  |
| Email |  |

**Animal’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Age / D.O.B |  |
| Breed |  | Sex |  |
| Insured |  | Company & Policy no. |  |

**Veterinary Practice Details**

|  |  |
| --- | --- |
| Referring Vet |  |
| Address |  |
| Phone no. |  |
| Email |  |

**Reason for Referral:** *(Please forward any relevant notes, history, radiographs etc)*

**Case History** *(Please fill out relevant information for case)*

|  |  |
| --- | --- |
| Investigations & Findings |  |
| Any other pre-existing conditions / injuries |  |
| Current medication |  |

**ANY SPECIFIC REQUIREMENTS OF PHYSIOTHERAPY?**

(Advised techniques, exercises, electrotherapies / special patient requirements)

**We will issue a vet report after the initial consultation and keep you updated with any changes over the course of treatment / every 4 sessions after.**

If the email is different to that listed above please write here:

|  |  |
| --- | --- |
| Email |  |

**DECLARATION** (please delete as appropriate)

This animal is under my care and has undergone a complete medical health check and examination. In my professional opinion, the animal is suitable for physiotherapy. I authorise Evie O’Conner, The Veterinary Physiotherapist, to perform physiotherapy, including manual therapies, remedial exercise prescription and electrotherapies such as Transcutaneous Electrical Nerve Stimulation (TENS), Pulsed Electromagnetic Field Therapy (PEMF), and LASER therapy.

**Veterinarian’s Signature ……………………………………………...….. Date …………...........**

**Client’s Signature ……………………………………………………..….…. Date …………..........**