



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)*

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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 Low-Level LASER therapy.

Veterinarian's Signature **Date**