



# THE ANIMAL PHYSIOTHERAPIST

## VETERINARY REFERRAL AND CONSENT FORM FOR ANIMAL PHYSIOTHERAPY

### Owners Details:

Name:	
Address:	
Telephone:	
Mobile:	
Email:	
Insurance Company:	

### Animal's Details:

Species (please circle)	Equine	Canine	Other:
Equine referrals- Please provide name and address of stables			

Name	
Age	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered/Spayed Y <input type="checkbox"/> N <input type="checkbox"/>
Breed	
Work of animal <small>(if applicable)</small>	

### Please provide the following information or attach relevant case notes

Veterinary diagnosis:

History of presenting condition (including investigations and current management):

Relevant medical history

Current medication

Contra-indications/ precautions (including behavioural issues)

Date last seen by vet \_\_\_\_\_ Date of next vet appointment \_\_\_\_\_

As the referring vet, I give consent for a physiotherapy assessment and treatment as appropriate on this animal. This consent will apply thereafter for maintenance physiotherapy input on this animal.

Physiotherapy report requested: (tick all that apply)	Following initial assessment	<input type="checkbox"/>
	During course of physiotherapy	<input type="checkbox"/>
	Following patient discharge	<input type="checkbox"/>

Signature of vet:	Date:
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Name of veterinarian	
Practice name	
Practice Address	
Telephone	
Email	