

One of your clients has requested physiotherapy treatment for their animal. To indicate consent please complete the following form and email to me with their full clinical history, any relevant reports and diagnostic imaging. I can be contacted by telephone or email if you would like to discuss the case. Thank you

Owners Details	
Name	
Address	
Home/Mobile number	
Email	
Animals Details	
Name	
Species/Breed	
Sex	
Date of birth	
Veterinary Practice- to be completed by your vet	
Veterinary Surgeon	
Practice Name	
Phone number	
Email	
Clinical History	
Reason for referral:	
Relevant clinical conditions e.g. cardiac, epilepsy, skin problems, pregnancy, cancer, arthritis, orthorpoedic condition, lameness etc.	
Current Medication:	
Contraindication to treatment:	
Pets behaviour, is it aggressive, nervous?	
I, the named above, certify and give my consent for the above-named animal to receive veterinary physiotherapy treatment	
Signed	
Print Name	Date
Practice stamp	