



## Veterinary Physiotherapy Referral and Consent Form

Client Name & Address \_\_\_\_\_

\_\_\_\_\_

Client Contact Number \_\_\_\_\_

Animals name \_\_\_\_\_

Animal's species \_\_\_\_\_ Animals breed \_\_\_\_\_ Animals age \_\_\_\_\_

Please tick – Owner Requested Musculoskeletal Check      OR      Vet Referral

Current Diagnosis or Presenting Problem: \_\_\_\_\_

Investigations and Treatment: \_\_\_\_\_

\_\_\_\_\_

Please detail any medication the animal is on: \_\_\_\_\_

\_\_\_\_\_

Any precautions/contraindications/specialist instructions?: \_\_\_\_\_

\_\_\_\_\_

Case History (Please email full case history, if possible, to [Kirsten@hurdlesvp.co.uk](mailto:Kirsten@hurdlesvp.co.uk))

Veterinary Surgeon \_\_\_\_\_

Veterinary Practice & Address \_\_\_\_\_

\_\_\_\_\_

Contact Details \_\_\_\_\_

### Declaration

This animal is under my professional veterinary care and has received a full medical health check and examination. It is my opinion that this animal is declared fit to undergo physiotherapy treatment. I therefore authorise physiotherapy and/or remedial exercise for this animal, to be carried out by Hurdles Veterinary Physiotherapy.

**Signed:**

**Print Name:**

**Date:**

**Do you require a written report after the initial assessment?    Yes    OR    No**

**If Yes, how would you like to receive vet reports and updates?    E-mail    OR    Post**

**I will keep you updated with any changes over the course of the treatment with a final written report on discharge (where applicable).**

Please email this form back to: [Kirsten@hurdlesvp.co.uk](mailto:Kirsten@hurdlesvp.co.uk)

Kirsten Guest BSc, PGDip, MNAVp

t: 07739 425949

e: [Kirsten@hurdlesvp.co.uk](mailto:Kirsten@hurdlesvp.co.uk)

[www.hurdlesvp.co.uk](http://www.hurdlesvp.co.uk)