**Veterinary Referral Form**

A veterinary physiotherapy assessment has been requested by your client. We take full responsibility for our work and the outcomes and will immediately refer the animal back if any signs of underlying injury, disease, or pathology are observed. We are governed by the NAVP Codes of Conduct which we fully observe.

**Client Details**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |

**Patient’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Age/D.O.B. |  |
| Species: |  | **Breed:** |  |
| Sex: |  | **Neutered:** | **Y / N** |
| Reason for Referral: |  |
| Relevant Medical History:(Or attached medical history) |  |

**Veterinary Surgeon’s Details**

|  |  |
| --- | --- |
| Name: |  |
| Veterinary Practice: |  |
| Practice Address: |  |
| Practice Telephone: |  |
| Email Address (for physiotherapy reports): |  |

**Veterinary Declaration**

I confirm this animal is a patient under my care and deem this animal fit to receive physiotherapy treatment. I consent to this animal receiving physiotherapy treatment. I understand I am not responsible for the provision of professional indemnity insurance for physiotherapy treatment is the responsibility of the attending physiotherapist. I further understand that I will be kept informed of the treatment provided.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |