

Veterinary Referral and Consent Form

Please complete sections A and B then hand to your veterinary surgeon to complete section C. Bring the completed form to your appointment. Please note that animals **cannot** receive any veterinary physiotherapy treatment without veterinary consent.

Section A: Owner Details

Full name: _____

Owner's signature: _____ Date: _____

Section B: Animal Details

Name: _____ Species: _____

Age: _____ Breed: _____ Sex: M F

Section C: Veterinary Practice

*To be completed by the veterinary practice of the animal detailed above. Please note that by signing this form the veterinary surgeon **will not** hold responsibility or be held accountable for any actions taken by the veterinary physiotherapist as Tiggy Harris Veterinary Physiotherapy accepts full responsibility for their work and is fully insured.*

Veterinary Surgeon: _____

Practice address: _____

Postcode: _____ Contact number: _____

Any information that would be beneficial for the veterinary physiotherapist know, or may affect their decision to visit this animal? (e.g. medical history, medication, on-going veterinary treatment).

Veterinary Surgeon's declaration: I declare that the animal detailed above is in a suitable state of health to undergo veterinary physiotherapy assessment and treatment and I therefore give my consent for this treatment.

Full name (printed): _____

Signed: _____ Date: _____