

**Veterinary referral and consent form**

Please ensure this form is completed and returned via email before the first appointment.

**Animals will not receive any veterinary physiotherapy without veterinary consent.**

 **Section 1 – *To be completed by the owner.***

**Owner details**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |

 **Animal details**

|  |  |
| --- | --- |
| **Name** |  **Age** |
| **Breed** |  |
| **Sex** |  **Neutered (Y/N)** |
| **Species** |  |
| **Reason for referral** |  |

 **Veterinary details**

|  |  |
| --- | --- |
| **Practice name and address** |  |
| **Vets name** |  |
| **Phone** |  |
| **Email** |  |

 **Section 2 – *To be completed by the veterinary surgeon.***

**Medical details**

|  |  |
| --- | --- |
| **Current condition(s)/diagnosis** |  |
| **Medication** |  |
| **Pre-existing conditions** |  |
| **Any additional comments** |  |

***I consent to the above-named animal receiving veterinary physiotherapy assessment and treatment, as deemed appropriate, from Aimee Joy of Avondale Veterinary Physiotherapy. I understand that the provision of any indemnity insurance is the responsibility of Avondale Veterinary Physiotherapy, and that the animal may be referred back to the practice. If this form is not completed and returned it is assumed that permission is granted unless otherwise implicitly stated.***

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |