Lynsey Moss BSc (Hons) Veterinary Physiotherapy, MNAVP

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ESTD 2018
CANINE TRAINING & FITNESS ACADEMY

Veterinary Physiotherapy

Consent/Referral Form

CONSENTING /REFERRING VETERINARY SURGEON	
Veterinary Surgeon:	
Practice Name:	
Practice Address:	
Telephone:	
Email Address:	

OWNERS DETAILS	
Name:	
Address:	
Telephone:	
Email:	

PATIENT DETAILS			
Name:		DoB or Age:	
Breed:		Colour:	
Sex:		Neutered:	Y/N

REASON FOR CONSENT/REFERRAL

RELEVENT MEDICAL HISTORY (or attach medical history)
MEDICATION:
SPECIAL PRECAUTIONS or INSTRUCTIONS

CONSENT FOR VETERINARY PHYSIOTHERAPY	
I consent to this animal receiving a veterinary physiotherapy assessment and any appropriate treatment. I understand that in making this referral or through giving consent, I am not responsible for any physiotherapy assessment or treatment given and the provision of professional indemnity insurance for veterinary physiotherapy treatment is the responsibility of Lynsey Moss (Veterinary Physiotherapist from Canine Training & Fitness Academy). I understand that I will be kept informed of treatment.	
Signature:	
Print:	
Date:	