

**Owner Consent for Veterinary Physiotherapy (to be completed by the owner):**

*Please read the below statement and complete the blank spaces before returning this form*

I, the owner of the above animal consent to any physiotherapy assessment and treatments deemed appropriate by Alexandra Martin Veterinary Physiotherapy. I understand that my animal may be refused treatment upon examination and referred back to the veterinarian caring for my animal if deemed necessary by Alexandra Martin Veterinary Physiotherapy. I understand that veterinary physiotherapy should be utilised alongside traditional veterinary medicine.

**PRINT NAME: DATE:**

**SIGNATURE:**

OWNERS PLEASE NOW RETURN THIS FORM TO: [amartinvetphysio@hotmail.com](mailto:amartinvetphysio@hotmail.com)

VETS PLEASE COMPLETE THE FORM ON THE FOLLOWING PAGE

Please ensure that all parts of this form are completed and returned to: [amartinvetphysio@hotmail.com](mailto:amartinvetphysio@hotmail.com) before the animals first appointment for physiotherapy. This may be printed out then signed and scanned or emailed providing it contains an appropriate electronic signature from the referring Veterinary Surgeon. Please also attach any relevant clinical history or diagnostic imaging reports.

**VETERINARY REFERRAL FORM FOR PHYSIOTHERAPY (REHABILITATION AND CONDITIONING)**

*Page 1 (Owners Information and Consent) Page 2 (Veterinary Referral Consent)*

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| --- | --- | --- | --- | --- | --- | --- |
| **Owners Details (to be completed by the owner):** | | | | | | |
| **Name:** |  | | | | | |
| **Address:** |  | | | | | |
| **Telephone 1:** |  | | | | | |
| **Telephone 2:** |  | | | | | |
| **Email:** |  | | | | | |
| **Animal Details (to be completed by the owner):** | | | | | | |
| **Animals Name:** |  | | **Colour:** | |  | |
| **Age/DOB:** |  | | **Sex:** | |  | |
| **Breed:** |  | | **Neutered:** | |  | |
| **HH (Equine):** |  | | **Supplements:** | |  | |
| **Reason for Rerral (Rehabilitation, Conditioning etc):** |  | | **Other Information:** | |  | |
| **Name of the Veterinary Surgery/Vet Seeing your animal:** | |  | | **Vets Phone Number:** | |  |

**Veterinary Consent for Veterinary Physiotherapy (to be completed by the referring Veterinary Surgeon):**

*Please read the below statement and complete the blank spaces before returning this form*

I consent that the above animal attends physiotherapy assessment and any treatments deemed appropriate by Alexandra Martin Veterinary Physiotherapy. I understand, in making this referral, I am not responsible for any physiotherapy assessment or treatment given and the provision of professional insurance for physiotherapy treatment is the responsibility of Alexandra Martin Veterinary Physiotherapy.

**Name of Practice: Telephone:**

**Email:**

**Name of Veterinary Surgeon:**

**Signature of referring Veterinary Surgeon: Date:**

Dear Referring Veterinarian,

Thank you for taking the time to complete this referral. Complete the following form and return it to [amartinvetphysio@hotmail.com](mailto:amartinvetphysio@hotmail.com) along with any supporting clinical history, reports or diagnostic images. This is incredibly useful information to have when working with a new case. As a qualified veterinary physiotherapist, I think its paramount to have a clear line of communication between all parties when treating a case (particularly if this is rehabilitative in nature). Therefore, I encourage you to contact me if you have any further questions at any point following this referral. I can also generate treatment reports for this case, if this is something you would like to have for your own records.

**VETERINARY REFERRAL FORM FOR PHYSIOTHERAPY (REHABILITATION AND CONDITIONING)**

|  |  |
| --- | --- |
| **Medical Details (to be completed by the Veterinary Surgeon reffering this case):** | |
| **Reason for Referral:** |  |
| **Investigations/Operations:** |  |
| **Medication:** |  |
| **Pre-existing Conditions:** |  |
| **Diagnosis:** |  |