



Veterinary Referral and Consent Form for Veterinary Physiotherapy

Please return the completed form via email to whitepeakvetphysio@outlook.com. If you would prefer to return the form via post, please contact me for the delivery address.

Animal Details

Name		D.O.B./Age	
Breed		Sex	
Colour/Description		Weight	
Insured? (Y/N)		If 'Y', insurance company	
General Health (if/where applicable)			
General condition		Pulse/Heart	
Respiration/Lungs		Eyes	
Ears		Skin/Coat	
Temperament		Vaccinations	

Client/Owner Details

Please indicate your preferred method of contact with an asterisk (*).

Name		Home phone	
Address		Mobile	
		Email	
		Additional contact details if required (e.g. work number)	
Postcode			

Veterinary Practice Details

Practice name		Referring veterinary surgeon	
Address		Practice stamp	
		Preferred contact number	
Postcode		Email	

Case History

Please email case notes if available to whitepeakvetphysio@outlook.com. Alternatively, please supply the information using the boxes on the following page.



Case History (continued)

Current problem/reason for referral	
Investigations and findings	
Pre-existing conditions	
Current medication	

Any specific requirements/requests regarding veterinary physiotherapy treatment (e.g. special patient requirements, advised techniques)

Veterinary Surgeon Consent Declaration

This animal is a patient under my care and has received a full medical health check and examination. This animal is in my opinion fit to receive physiotherapy treatment (including electrotherapies). I authorise veterinary physiotherapy for my patient to be carried out by Elysia Basford of White Peak Veterinary Physiotherapy.

Signed		Date	
		Print name	

Veterinary reports are issued after initial consultation, over the course of treatment where significant changes occur, and a final report on discharge. How would you prefer to receive these reports?

Email		Post	
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Owner Consent Declaration

I am the legal owner of this animal and aged 18 years or over. I confirm that the information shown on this form is correct to my knowledge. I have read and fully accept the treatment terms and conditions as stated on the www.whitepeakvetphysio.com/referral-information webpage[†]. I give my permission for the veterinary physiotherapist to discuss the case and treatment with my veterinary surgeon. I give my permission for my animal to receive veterinary physiotherapy treatment.

Signed		Date	
		Print name	

[†]If you require a physical copy of the terms and conditions, please contact me (Elysia Basford) at least five days prior to your scheduled appointment.