



Valiant Veterinary Physiotherapy
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Veterinary Referral / Consent Form

Section A: Owners Details

Name			
Address			
Telephone		Email	

Section B: Animals Details

Name		Breed	
Gender		D.O.B / Age	
Reason for therapy / Diagnosis			
Brief Medical History / Pre-existing Conditions			
Medications			

Section C: Veterinary Surgeon Details

Practice Name			
Practice Address			
Telephone		Email	

In my opinion the animal detailed above is in a suitable state of health to undergo physiotherapy (including hydrotherapy / water based physiotherapy if needed) assessment and treatment as required.

Veterinary Surgeon Name	
Veterinary Surgeon Signature	
Date	

Section D: Reporting and Consent Form Frequency

After the initial consultation a report will be prepared and sent to you (the vet). Additional reports will be created to keep you updated with any changes or concerns during the course of the treatment, and a final report will be issued on discharge. Please indicate how you would you like to receive the reports:

Email		Fax		Post	
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Please indicate how often you require a new referral / consent form signed by you (the vet) for animals having long term maintenance appointments, or for sporting animals having occasional physiotherapy check up appointments (i.e. agility dogs having pre & post agility season musculoskeletal checks):

Annually		6 Monthly		Other (please indicate)	
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Note: Treatment will not be given to an animal without veterinary consent. All contraindications to treatment are known. Any animal displaying a contraindication will be referred immediately back to their vet.