



T.L.C Veterinary Physiotherapy
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Veterinary Referral and Consent Form

Section A – Owner Details:

Name:			
Address:			
Phone Number:		Email:	
Signature :		Date:	

Section B – Animal Details:

Name :		Breed:	
Gender		D.O.B. / Age:	
Reason for Therapy / Diagnosis:			
Brief Medical History / Pre- existing Conditions:			
Current Medication:			

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 veterinary surgeon). 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	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Post	<input type="checkbox"/>
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Please indicate how often you require a new referral or consent form signed by you (the veterinary surgeon) for animals having long term maintenance appointments, or for sporting animals having occasional physiotherapy check-up appointments:

Annually		Bi annually		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 his or her veterinary surgeon.

2019 T.L.C. Veterinary Physiotherapy and Canine Training and Behaviour
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