



Veterinary Referral/Consent Form



Owner Details

Name:

Address:

Phone:

Email:

Animal Details

Name:

Species:

Breed:

Age:

Sex:

Insured: Yes/No

Insurance Company:

Veterinary Details

Veterinary Surgeon:

Practice:

Address:

Phone:

Email:

Reason for referral:

Specific requests for physiotherapy (If applicable):

*****PLEASE ATTACH ANY CLINICAL HISTORY NOTES YOU FEEL ARE RELEVANT*****

Declaration

I, the above named Veterinary Surgeon give my consent for this animal to receive Veterinary Physiotherapy assessment and treatment including class 3B LASER therapy when indicated.

I understand that by giving my consent I am not held responsible for any physiotherapy treatment given and the provision of professional indemnity insurance for physiotherapy treatment is the responsibility of Motion Vet Physio.

Signed:

Date: