



Tel: 07592866913
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Client Veterinary Referral/Consent Form

Owners- please complete the sections titled "Owner and Animal Details"
 Veterinary Surgeon - please complete and sign "Veterinary Details"

Please return the completed referral form to emilyshaw.vetphysio@gmail.com before treatment.

Thank you in advance to both the owner and veterinary surgeon.

Owners Details	
Name:	
Address:	
Contact Number:	
Email Address:	

Animals Details	
Name:	
Species:	
Breed:	
Sex:	
Age:	
Insured? (If yes, please state company):	

Owners Declaration
I declare I am the legal owner of the animal stated above and the information on this form is correct. I give my consent for my animal to be treated by Emily Shaw (Veterinary Physiotherapist). I agree to the terms and conditions outlined on our website.

Signed:	
Print Name:	
Date:	

Veterinary Details (Referring Veterinary Surgeon to Complete)

Veterinary Surgeon:	
Veterinary Practice:	
Veterinary Practice Address:	
Practice Telephone:	
Email Address:	
Summary of injury/condition: (Including any static or dynamic findings and conditions)	
Relevant medical history:	
Current Medication(s):	

Vets Declaration

I consent to this animal receiving a veterinary physiotherapy assessment and any appropriate treatment from Emily Shaw (Veterinary Physiotherapist), including the use of electrotherapy equipment.

Signed:	
Print Name:	
Date:	

Thank you for taking the time to complete this form and your referral/consent to Emily Shaw Veterinary Physiotherapy. I will issue vet reports after initial consultation. I will also keep you (vet) informed of any changes during treatment. I will refer back if I deem to be any issues outside of my remit. Please specify how often would you like to receive these vet reports:

Every time the animal is treated
Only when the animal has any changes

