

Physiotherapy Referral Form

Owner Details

Name	
Address	
Telephone	

Animal Details

Name		Breed	
Age		Sex	

Veterinarian

Name		Practice	
Address			
Telephone		Fax / Email	

Current diagnosis or problem requiring Physiotherapy:

Please document any relevant Past Medical History:

Special instructions / precautions:

Please tick your preferred channel of communication of treatment updates and discharge information:

Telephone

Written

Email

I consent for the animal to undergo a Veterinary Physiotherapy assessment and any appropriate treatment which follows. I understand in providing veterinary consent that I am not responsible for the assessment or treatment provided, and the provision of professional and liability insurance for physiotherapy treatment is the responsibility of The Win Clinic Physiotherapists. As Category A Members of ACPAT, they will ensure that appropriate communication will be maintained throughout treatment as indicated with the Veterinarian in charge of the animal's care.

Signature of Veterinary Surgeon providing Consent for Physiotherapy (Print & Sign):

Signature..... Print:..... Date:.....