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| **Client Information** |
| Client Name:Address:Post Code:Contact Telephone Number(s):E-mail: |
| **Dog’s Details** |
| Name:Sex: **M F**Breed:D.O.B: | Weight:Insured: **Y N**Company:Policy Number: |
| **Veterinary Details****(Shaded sections MUST be completed and signed by the dog’s Veterinary Surgeon only)** |
| Veterinary Surgeon:Practice Address:Post Code:Contact Telephone Number:E-mail: |
| **Summary of the dog’s injury/condition, relevant medical history, and other comments.** |
|  |
| **Please list details of the patient’s current medications and supplements.** |
|  |
| **What treatment(s) are you referring for?(Please tick all appropriate)** |
| Hydrotherapy PhysiotherapyLASER only |
| In your opinion, is the dog named above in a suitable state of health to undergo physiotherapy/hydrotherapy treatment?Yes NoPrint Name:……………………………………………………………………………… (Veterinary Surgeon)Signature:………………………………………………………………………………… (Veterinary Surgeon) Date……………………………….. |
| I declare that I am the legal owner/ carer of the dog named above and that the information shown on this form is correct. Furthermore, I consent to physiotherapy/hydrotherapy assessment and treatment for the dog named above. Print Name:……………………………………………………. (Owner/Carer)Signatures(s):…………………………………………………. (Owner/Carer) Date:………………………………… |
| We will only process, use and store your personal data in accordance with the General Data Protection Regulation 2016. Please ensure that if you have provided us with the personal data of any other person, you have obtained their consent to pass this data to us. We will keep it secure and use it only in order to perform our obligations under this agreement.  |

**Veterinary Referral Form**

Therapists take full responsibility for their work and and will immediately refer the animal back to you if they see any signs of underlying injury, disease or pathology. Our therapists are governed by the NAVP and/or IRVAP code of conduct which they fully observe.