



Veterinary Referral & Consent Form

Please complete this form and return ASAP to livingfreephysio@outlook.com for confidential record keeping. Without this form, physiotherapy will be delayed.

Animal's Name	
Animal's Age	
Animal's Sex	
Animal's Neutered Status (Y/N)	
Animal's Breed	
Vaccinations up-to-date? (date of last booster)	
Flea treatment up-to-date? (date of last treatment)	
Worming treatment up-to-date? (date of last treatment)	
Insurance? (Y/N and company)	

Owner's Name	
Owner's Address / Address of Yard	
Owner's phone number	
Owner's e-mail address	



Reason for Referral	
Previous Medical / Surgical History	
Medications List	
Any other relevant information?	

Vet Practice Name & Address	
Vet Contact Details (phone and e-mail)	
Named Referral Centre in case of emergency? (animal hospital)	
Animal's Body Condition Score (/9)	



As the named veterinarian, I hereby confirm that I have assessed the above patient and deem it appropriate to consent them to undergo physiotherapy with Living Free Physiotherapy. I understand the Veterinary Physiotherapist (Emily Toal) has the necessary qualifications, registration and indemnity insurance to undertake any physiotherapy treatment clinically indicated.

Vet Name (print)	Vet Signature	Date

As the owner, I am aware of the above referral and consent my pet to physiotherapy with Living Free Physiotherapy. I confirm I have read, understood and agree to comply with both Living Free Physiotherapy's terms and conditions and privacy policy, before submitting this form as confirmation of my booking.

Owner Name (print)	Owner Signature	Date