

Veterinary Consent/Referral Form



Client Details		
Client Name:	Tel:	
Address:	Email:	
<p>I declare that I am the legal owner of the below named animal, that the information shown on this form is correct and I consent to treatment. <i>I have read and agree to the terms and conditions of treatment.</i></p> <p>Signed: _____ Date: _____</p>		
Patient Details		
Name:	Breed:	Colour:
Age:	Male/Female	Weight (kg):
Veterinary Details:		
Veterinary Surgeon:	Address: Postcode:	
Practice:		
Email:		
Tel:		
Clinical Conditions		
Summary of relevant clinical conditions/injury:		
Recent/Current Medication:		
<p>By signing below you are confirming that the patient stated above is in a suitable state of health to undergo hydrotherapy treatment, aquatic treadmill, physiotherapy and/or laser treatment.</p> <p>Signed: _____ Date: _____</p>		

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