A logo for a veterinary clinic

Description automatically generated [swvetphysio@gmail.com](mailto:swvetphysio@gmail.com)

07788645491

ACPAT reg: 30411

[www.southwestvetphysio.com](http://www.southwestvetphysio.com)

**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 South West Vet Physio. 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:………………….…………..………**

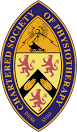
**Date: ……….....………**

Please complete this form and return to [swvetphysio@gmail.com](mailto:swvetphysio@gmail.com) alongside a copy of the patient’s medical history.

Kind Regards,

Lucy Mills

BSc (hons) Physiotherapy, MSc Veterinary Physiotherapy.

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