**

**Well Balanced Animals**

**Rachel Jackson** BA (Hons), AdvCertVPhys, PGCE, TTouch P3, Canine Acupressure, Hydrotherapy, MIRVAP, AHPR, PPG

**Telephone**: 0161 486 1513/07809437967

**e-mail:** wellbalancedanimals@gmail.com

**Web:** www.wellbalancedanimals-vetphysio.co.uk

|  |
| --- |
| **Veterinary Physiotherapy Referral Form**  |
| ***Section A: To be completed by the owner***Name: ………………………………………………………………………………………………………………………………………………………….…. Address: …………………………………………………………………………………………………………………………………………………………Postcode: ………………………………………………………………………………………………Telephone:………………………………………………………………… e-mail: ………………………………………………………………………… |
| ***Dogs details***Name: ………………………………………………………………………………………………. Insured: Yes / NoBreed:……………………………………………………………………………………………….. Name of insurance companyAge: …………………………………………………………… …………………………………………………………. Sex: …………………………………………………….…….. Neutered: Yes / No Date of last vaccination: ……………………………………………………………… |
| ***Client declaration***I declare that I am the legal owner of the dog named and that the information shown on this form is correct.Signature: ………………………………………………………………………………………………. Date: …………………………………………………………  |

|  |
| --- |
| **Referring Veterinary Surgeon** To be completed by the veterinarianName:…………………………………………………………………………………….Practice Address: ……………………………………………………………………………………………………………………………………………………Postcode:……………………………………..Telephone: ……………………………………………………… E-mail:………………………………………………………………………………………..  |
| Details of medical condition/reason for referral: ……………………………….………………………………………………………… …………………………………………………………………………………………………………………………………………………………………………………....Special instructions/precautions: ……………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………..Current medication details: …………………………………………………………………………………………………………………………………..Please include the dog’s medical history when returning this form. Period of treatment time before this referral must be renewed: 6 months [ ]  12 months [ ]  Only if new condition [ ]   |
| **Veterinary Surgeon Declaration**In my opinion, the above-named dog is in a suitable state of health and mentation to undergo veterinary physiotherapy treatment. Sign: ……………………………………………………………………………………………………. Date: …………………………………………….Print name: ………………………………………………………………………………………… |