

This patient has been referred for physiotherapy / under water treadmill hydrotherapy OR the client has requested a physiotherapy musculoskeletal assessment / hydrotherapy for their animal.

This section is to be completed by the registered owner:

By completing this form, I can confirm the information provided is correct to the best of my knowledge and as the registered owner of the named animal I give my consent for treatment at Petffisio. By completing this form you agree to the GDPR and Privacy policy found on www.petffisio.wales

Clients Details:

Name: _____	Breed: _____
Phone Number: _____	Sex: _____
Address: _____	Colour: _____
E-mail: _____	Insurance Company: _____
Pets Details: _____	Insured Yes/No: _____
Name: _____	Policy Number: _____
D.O.B / Age: _____	

This section must be completed and signed by your Veterinary Surgeon:

Practice Name: _____

Veterinary Surgeon: _____

Address: _____

Telephone: _____

E-mail: _____

Summary of condition/s being referred for treatment: _____

Please list any medication details and dosage: _____

DECLARATION

This animal is a patient under my care and to the best of my knowledge there is no medical reason why this animal cannot undergo physiotherapy and or UWT hydrotherapy. I am not responsible for any assessment or treatment given at Petffisio.

Signed: _____

Print Name: _____ Date: _____

Please return to: hello@petffisio.wales **with any relevant PATIENT HISTORY**

I will keep you updated with any changes over the course of the treatment and a written report upon discharge (where applicable).

Thank you,

