**

**Well Balanced Animals**

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| **Veterinary Physiotherapy Referral Form** |
| ***Section A: To be completed by the owner***  Name: ………………………………………………………………………………………………………………………………………………………….….  Address: …………………………………………………………………………………………………………………………………………………………  Postcode: ………………………………………………………………………………………………  Telephone:………………………………………………………………… e-mail: ………………………………………………………………………… |
| ***Dogs details***  Name: ………………………………………………………………………………………………. Insured: Yes / No  Breed:……………………………………………………………………………………………….. Name of insurance company  Age: …………………………………………………………… ………………………………………………………….  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: ………………………………………………………… |

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| **Referring Veterinary Surgeon** To be completed by the veterinarian  Name:…………………………………………………………………………………….  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: ………………………………………………………………………………………… |