

Veterinary Referral & Consent Form

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| --- | --- |
| Vet Practice & Vet Name: |  |
| Vet Address: |  |
| Vet Contact Details: | Tel:Email: |
| Owner Name: |  |
| Owner Address: |  |
| Owner Contact Details: | Tel:Email: |
| Animal Name: |  |
| Breed, Age, Sex |  |

|  |  |
| --- | --- |
| Reason for Referral: |  |
| Present Health Conditions (Diagnosis, Management, Medications etc): |  |
| Previous Health Conditions: |  |
| Current Medications: |  |

\* **I consent for this dog to attend a physiotherapy assessment and have any appropriate treatment. I understand that Alice Hassan has the necessary Veterinary Physiotherapy qualifications and indemnity insurance.\***

|  |  |  |
| --- | --- | --- |
| Vet Name (Printed) | Vet Name (Signed) | Date: |
|  |  |  |

\*If you feel Water-Treadmill therapy is appropriate, please complete form below\*

Please complete and return to merseysidecaninephysiotherapy@gmail.com ASAP.



Water-Treadmill Referral Form

Contraindications:

Does the Animal have any of the following conditions? (Y/N)

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| --- | --- | --- | --- |
| Open, Infected, or Draining Wounds |  | Cardiac Issues (If yes, how severe/is it controlled?) |  |
| Unhealed Surgical Incisions (would they be appropriate for waterproof coverage). |  | Kidney Disease (If yes, how severe/is it controlled?) |  |
| Elevated temperature/signs of infection or current active infection |  | Liver Disease (If yes, how severe/is it controlled?) |  |
| Active Gastrointestinal disease |  | Hypo/Hypertension (If yes, how severe/is it controlled?) |  |
| Kennel Cough |  | Respiratory Compromise (If yes, how severe/is it controlled?) |  |
| Is the Animal fully vaccinated and up to date with their vaccinations/flee/worming? |  | Epilepsy (If yes, how severe/is it controlled?) |  |

Please delete/circle as appropriate:

**\*Based on the information provided above, I DO / DO NOT think Water-Treadmill therapy will be appropriate for this Animal given their medical status. I thereby DO/ DO NOT consent to Water-Treadmill as an appropriate therapeutic adjunct for this animal.\***

|  |  |  |
| --- | --- | --- |
| Vet Name (Printed) | Vet Name (Signed) | Date: |
|  |  |  |

Please complete and return to merseysidecaninephysiotherapy@gmail.com as soon as possible