



TLC Veterinary Physiotherapy and Pet Health and Therapy Centre
1 Bellegrove Parade, Welling, Kent. DA16 2RE.

info@tlcvetphysio.com. www.tlcvetphysio.com 07507 728372

Veterinary Referral and Consent Form:

Client Details:

| | |
|----------------|--|
| Name | |
| Address | |
| Telephone No. | |
| Email Address: | |

Animal Details

| | | | |
|---|--|------------|----------|
| Name: | | Breed: | |
| Sex: | | Colour: | |
| Age: | | Insured: | YES / NO |
| Insurance Company: | | Policy No. | |
| Reason for Therapy: | | | |
| Current Medication: | | | |
| Precautions to treatment – i.e. DOES DOG NEED MUZZLE or have a BITE HISTORY? YES / NO | | | |

Veterinary Surgery Details

| | |
|--|--|
| Practice Name: | |
| Practice Address: | |
| Veterinary Surgeon Name: | |
| I certify that the above patient is in a suitable state of health for physiotherapy including hydrotherapy and water based rehabilitation at the pet health and therapy centre if appropriate. | |
| Signed: | |
| Date: | |
| Additional Notes: | |

Reporting:

Regular updates on the case will be sent to the veterinary surgeon including and we will contact the surgery if any concerns arise or a deterioration in the patient occurs. A final report will be issued on discharge.

Please sign and return via email along with the patient's clinical history and any specialist reports.

Kind regards

Geoff Sharp MSc, MIRVAP, IMDT
Small Animal Rehabilitation Specialist and Clinical Director
TLC Veterinary Physiotherapy and Pet Health and Therapy Centre