



CLIENT DETAILS

Reason for Treatment: Client Request Vet Referral

Name: _____ Address: _____

Postcode: _____

Telephone: _____ Email: _____

PATIENT DETAILS

Name: _____ Age: _____ Sex: M F NM NF

Insured: Y N Insurance Company: _____ Breed: _____

Previous & Current Medical Conditions: _____

Current Medication: _____

When was the patient last seen by a vet and what for: _____

VETERINARY DETAILS

Practice Name: _____ Telephone: _____

Address: _____ Postcode: _____

Email: _____ Treating Vet: _____

I hereby give my consent for the following complementary treatment(s) to be given to the above named patient.

Please cross through the treatments that you do NOT wish the patient to have.

Veterinary Physiotherapy | Soft Tissue Massage | Low Level Laser Therapy

A veterinary report will be sent after treatment to keep you updated with the patient's progress

I All members of Yorkshire Animal Therapy are fully qualified in their chosen fields, regularly partake in additional CPD courses and are fully insured (documents can be viewed on our website). By signing this document you are not accepting legal responsibility for the practitioner's actions but you are agreeing that the above named patient is deemed "fit & healthy" enough to receive the above named treatments and that there is no known reason which may contraindicate such treatment or compromise the health of the above named patient.

Vet Name: _____ Vet Signature: _____ Date: _____