

VETERINARY CONSENT & REFERRAL FORM
HYDROTHERAPY (& LASER)



Please complete in full to ensure we have sufficient information and permission to treat effectively

Client Name:		Tel:	
Address:		Mobile:	
		Email:	
Name of Patient:	Age:	Sex:	Breed & Colour:
Date of last vaccination:		Date of last consultation:	
Referring Veterinary Surgeon:			
Practice Stamp:		Tel:	
		Fax:	
		Email:	

Summary of relevant clinical condition/s : *(A clinical history & X-rays would also be appreciated if possible)*

Recent/current Medication:

Basic physiotherapy exercises and massage techniques may be used and demonstrated to the owners by trained therapists if relevant to the patients condition.

Do you give consent to basic physiotherapy/massage? Y / N

Do you give consent for Class 4 Photobiomodulation Laser to be used by a trained therapist? Y / N

<p>I certify the above animal is under my care, I have examined the animal and in my opinion is in a suitable state of health for treatment.</p> <p>Veterinary Surgeon</p> <p>Signature.....</p> <p>Print Name.....</p> <p>Date.....</p> <p>Would you like the therapist to contact you prior to treatment for case discussion? Y / N</p>	<p>I am the owner of the above animal and I consent to treatment. <i>I have read, and agreed to the terms and conditions of treatment.</i></p> <p>Owners</p> <p>Signature.....</p> <p>Print Name.....</p> <p>Date.....</p>
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