



TAILS THERAPY

Animal Physiotherapy

Veterinary Physiotherapy Referral

Owner to Complete

Client Details

Name _____

Phone _____

Email _____

Address _____

Patient Details Equine Small Animal

Name _____

Species _____

Breed _____

Age _____

Gender Male Female

Neutered Yes No

Temperament _____

I give consent for my veterinary practice to share the mentioned pets clinical notes with Tails Therapy.

I give consent for Tails Therapy to discuss treatment and any concerns with my veterinary practice.

I understand that this referral is valid for 12 months, unless the vet advises differently or the animal receives any musculoskeletal surgery in which case a new referral is required.

I understand that any new pathologies or lameness require a vet check before further treatment occurs.

Payment is made at the time of booking and services cancelled within 24 hours of the appointment are non-refundable.

I have read and fully accept Tails Therapy's terms and conditions and I consent to my animal receiving physiotherapy treatments by Tails Therapy.

Owners Name _____

Owners Signature _____

Date _____

Veterinary Surgeon to Complete

Patient Details

Referral Reason _____

Post Surgery Yes No

/ / _____

Current Medication Yes No

Relevant Clinical Notes

I consent to this animal having physiotherapy rehabilitation treatment. Valid for a period of 3 months / 6 months / 1 year (Please Select)

Vet Name _____

Vet Practice _____

Email _____

Phone _____

Vet Signature _____

Practice Stamp

Please tick here if you would like to discuss this case prior to treatment commencing

Please email this form and any relevant clinical notes and diagnostic images to tailstherapy@outlook.com.

Please note a veterinary physiotherapy report is sent following the 1st appointment with the client and then on a 3 monthly basis for regular patients. Should you require more regular reports, please tick here