



Wirral Veterinary Physiotherapy

and Canine Hydrotherapy

Claire Burgess BSc(Hons) Pg Dip Vet Phys MCSP ACPAT cat A

CHARTERED PHYSIOTHERAPIST AND VETERINARY PHYSIOTHERAPIST

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Equine Veterinary Referral Form

Owner Details

Name:

Address:

Animal Details Equine

Name:

Breed:

Reason for Assessment

Relevant Medical History/ Special Instructions/ Precautions (please attach history if applicable)

I **do / do not** consent for this animal to receive a physiotherapy assessment and any appropriate treatment. I understand, in making this referral, I am not responsible for any **physiotherapy** assessment or treatment given, and the provision of professional indemnity insurance for physiotherapy treatment is the responsibility of Claire Burgess I understand that I will be kept informed of significant treatment.

Veterinarian

Vet:

Signed..... Date

Please tick your preferred channel of communication of treatment updates and discharge information

Telephone

Email