Referral for Equine Veterinary Physiotherapy / Chiropractic – Vet to Complete

**Referring Veterinary Surgeon Name:**

**Email:**

**Veterinary Practice Address:**

**Phone:**

**Would you like a report following initial physiotherapy assessment with details of findings and treatments performed?**

**YES NO**

**Horse Name: Age: Weight (if known):**

**Breed: Species: Sex:**

**Referring Condition/Reason for Referral (if applicable):**

**Relevant Medical History (attach notes if consent given):**

**Current Medication/Treatments (if applicable):**

**Permission to perform veterinary physiotherapy/chiropractic: YES/NO**

**NOTE:** All Veterinary Physiotherapy treatment is performed in accordance to the Veterinary Surgeons Act (1966) and the Veterinary Surgery (Exemptions) Order 2015. Therapists are fully insured, members of National Association of Veterinary Physiotherapists (NAVP) and/or McTimoney Animal Association (MAA) and registered with AHPR/RAMP

**Signature:**

**Print Name:**

**Date:**