Referral for Veterinary Physiotherapy / McTimoney Chiropractic / Hydrotherapy

**Referring Veterinary Surgeon Name:**

**Email:**

**Veterinary Practice Address:**

**Phone:**

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

**YES NO**

**Pet Name: Age: Weight:**

**Breed: Species: Sex:**

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

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

**Current Medication/Treatments:**

**Permission to perform veterinary physiotherapy/chiropractic and/or hydrotherapy: YES/NO**

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

**Signature:**

**Print Name:**

**Date:**