



REHABILITATION REFERRAL / CONSENT FORM.

VETERINARY DETAILS (This section MUST be completed and signed by the dog's vet)			
Veterinary Surgeon:			
Practice:			
Tel:	Fax:	E mail:	
OWNER'S DETAILS			
Name:			
Address:			
Home Tel No:		Mobile Tel No:	
E mail:			
Insured:	Y / N	Insurance Company:	
Policy No:			
PATIENT DETAILS			
Name:		Breed:	
Age:		Colour:	
Sex:		Vac Expiry:	
DETAILS OF INJURY / CONDITION / SURGERY			
Please give details if on medication:			
Does the patient suffer from any of the following:			
VESTIBULAR SYNDROME	Y / N	CARDIAC PROBLEMS	Y / N
EAR / SKIN CONDITIONS	Y / N	INCONTINENCE	Y / N
		OTHER ORTHOPAEDIC CONDITIONS	
		Y / N	

In your opinion, is the patient in a suitable state of health to undergo rehabilitation? Y / N

Veterinary signature: Date:

I/We declare to be legal owner(s) of the above patient and all information provided is correct.

Client signature: Date:

Physiotherapist: Hannah Theakston, ACPAT (Category A).

Hydrotherapist: Charlie Whiteley NOCN Cert in Hydrotherapy.

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