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 McTimoney Manipulation & Animal Physiotherapy – a multi-therapy approach to canine musculoskeletal wellbeing
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Request for Veterinary Referral & Client Registration Form - Canine

Please complete sections A&B and then pass this form to your Veterinary Surgeon, kindly requesting that Section C be completed and returned prior to the first appointment.

Section A: Owner's Details

Date:

Owner's Name:

Owner's Address:

Postcode:

Contact Phone Number:

Email address:

Section B: Animal's Details

Animal's Name:

Breed:

Sex:

Age:

DoB (if known)

Date of most recent vaccination:

Insured: Y / N

Insurance company:

Reason for Physiotherapy request:

Section C: Veterinary Surgeon & Animal's Medical Details

Veterinary Surgeon:

Practice Address:

Postcode:

Tel:

Email:

Details of any current medication:

Brief medical history of Dog:

Veterinary Surgeon

Please accept this form as a request for Veterinary Physiotherapy for the above canine. Please sign to give veterinary permission to receive physiotherapy. We will contact you prior to the appointment if required to discuss the case, and please do not hesitate to contact us with any queries prior to consent.

Signature:

Date:

Please indicate how you would like to receive treatment reports: telephone / email / post

Note: Neither McTimoney nor Physiotherapy treatment will be given to an animal without veterinary consent. All contraindications to treatment are known and any animal displaying a relative contraindication to treatment will be referred back immediately to their vet.