



**RATCLIFFE
REFERRALS**

Veterinary Physiotherapy
& Hydrotherapy

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Veterinary Referral/ Consent Form

Client Information	
Client Name: Address: Post Code: Contact Telephone Number(s): E-mail:	
Patient Details	
Name:	Weight:
Sex: M F	Insured: Y N
Breed:	Company:
D.O.B:	Policy Number:
Veterinary Details (Shaded sections MUST be completed and signed by the dog's Veterinary Surgeon only)	
Veterinary Surgeon: Practice Address: Post Code: Contact Telephone Number: E-mail:	
Summary of the dog's injury/condition, relevant medical history, and other comments.	
Please list details of the patient's current medications and supplements.	
Select appropriate treatment from the list below. (Please tick all appropriate)	
Hydrotherapy <input type="checkbox"/>	
Physiotherapy <input type="checkbox"/>	
In your opinion, is the dog named above in a suitable state of health to undergo physiotherapy/hydrotherapy treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Print Name:..... (Veterinary Surgeon)	
Signature:..... (Veterinary Surgeon) Date.....	
Therapists take full responsibility for their work and will immediately refer the patient back to the referring Veterinary Surgeon should they see any signs of underlying injury, disease or pathology. Our therapists are governed by the NAVP code of conduct which they fully observe. We will only process, use and store your personal data in accordance with the General Data Protection Regulation (2016). Please ensure that if you have provided us with the personal data of any other person, you have obtained their consent to pass this data to us. We will keep it secure and use it only in order to perform our obligations under this agreement.	