



**Audra Hurst AdvCertVPhys MIRVAP
Canine Physiotherapist**

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OWNER INFORMATION			
<i>Name:</i>			
<i>Address:</i>			
<i>Tel:</i>		<i>Email:</i>	
<p>I am the legal owner of this animal and all information shown on this form is correct. I understand that information collected on this form will be held securely and retained. Treatment records will be shared only with those veterinary professionals involved in my pet's care, and any other person I give permission to share the information with. My email and/or telephone number will be used to contact me about my pet's treatment.</p>			
<i>SIGNATURE OF OWNER:</i>		<i>DATE:</i>	
ANIMAL DETAILS			
<i>Name:</i>		<i>Breed:</i>	
<i>Age:</i>	<i>Sex:</i>	<i>Neutered:</i>	<i>Y/N</i>
VETERINARY REFERRAL			
<p>Audra Hurst is a fully qualified and insured veterinary physiotherapist and full member of the Institute of Registered Veterinary and Animal Physiotherapists (IRVAP). Full reports will be provided for the veterinary surgeon, and the patient referred back to the veterinary surgeon as necessary.</p>			
Please delete/sign as appropriate*			
<p>*I am referring this dog for physiotherapy and/or hydrotherapy treatment by a fully qualified and insured veterinary physiotherapist/hydrotherapist for the following condition.</p>			
or			
<p>*I am signing this form at the request of the owner. I do not know of any reason why this dog should not obtain physiotherapy and/or hydrotherapy treatment by a fully qualified and insured veterinary physiotherapist/hydrotherapist and therefore provide consent for physiotherapy and/or hydrotherapy treatment.</p>			
Date of last examination of patient.....			
Please supply full history.			
<i>SIGNATURE OF VETERINARY SURGEON:</i>		<i>DATE:</i>	

Name of Veterinary Surgeon:

Tel:

Practice Address:

Email:

Diagnosis (Please attach relevant notes):

Medical history/medication:

Pre-existing conditions:

SIGNATURE OF VETERINARY SURGEON:

DATE: