

**VETERINARY REFERRAL FORM FOR PHYSIOTHERAPY  
(REHABILITATION, MAINTENANCE, AND CONDITIONING)**



**PAGE 1 (TO BE COMPLETED BY THE OWNER) PAGE 2 (TO BE COMPLETED BY THE REFERRING VETERINARIAN)**

Please ensure that all parts of this form are completed and returned to: [amartinvetphysio@hotmail.com](mailto:amartinvetphysio@hotmail.com) before the animals first appointment for physiotherapy.

**Owner's and Patients Details**

<b>Name(s):</b>	
<b>Address:</b>	
<b>Phone Number(s):</b>	
<b>Email:</b>	

<b>Animals Name:</b>		<b>Date of Birth:</b>	
<b>Sex/Neutered Status:</b>		<b>Species:</b>	
<b>Breed:</b>		<b>Any Supplements?</b>	
<b>How Long Have You Owned Your Pet/Are They A Rescue?</b>		<b>What Type of Food Do You Feed?</b>	

**Patient's Veterinary Clinic and Insurance Details**

<b>Clinic Name:</b>		<b>Vet's Name:</b>	
<b>Clinic Address:</b>			
<b>Vet's Phone/Email:</b>		<b>Insurance Provider/Details:</b>	

(please type Y/N) I give consent for Alexandra Martin Physiotherapy to access my veterinary records to assess any caution or contraindication to physiotherapy and discuss my animal's case with the referring Veterinary Clinic(s)\* in line with the Veterinary Surgeon's Act, 1966. \* Including any referral practices/specialists my animal may see.

(please type Y/N) I give consent for Alexandra Martin Veterinary Physiotherapy to hold my personal details and contact me by phone or email. All details will be kept securely and will not be shared with any third parties except the client's registered Veterinary Clinic, if consent is given below. Details are kept with the client's permission and will be deleted on request, in accordance with the GDPR regulations.

(please type Y/N) I give consent for any photos or videos taken of my animal during sessions to be used for educational purposes via Alexandra Martin Veterinary Physiotherapy's official social media accounts and website. \* I understand that private client details such as my full name, address or contact details of any kind will never be included.

OWNERS PLEASE NOW RETURN THIS FORM TO: [amartinvetphysio@hotmail.com](mailto:amartinvetphysio@hotmail.com)  
VETS PLEASE COMPLETE THE FORM ON THE FOLLOWING PAGE

**VETERINARY REFERRAL FORM FOR PHYSIOTHERAPY  
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**PAGE 2 – TO BE COMPLETED BY THE REFERRING VETERINARIAN**

Dear Referring Veterinarian,

Thank you for taking the time to complete this referral. I would be extremely grateful if you could complete the following form and return it to [amartinvetphysio@hotmail.com](mailto:amartinvetphysio@hotmail.com) along with any supporting clinical history, reports or diagnostic images. I encourage you to contact me if you have any further questions at any point and I am happy to generate a written rehabilitation progress report if requested.

<b>Clinical Condition(s), Diagnostics, and Treatment (Please attach any images/notes if relevant):</b>	
<b>Reason For Referral:</b>	
<b>Medication:</b>	
<b>Have You Advised The Owner Of Any Restrictions To Exercise, If Yes What Are They?</b>	
<b>Is The Animal Due To Come In For Post- Operative/Further Diagnostics?</b>	
<b>Any Additional Comments:</b>	

*Please read the below statement and complete before signing and returning this form*

I consent that the above animal attends physiotherapy assessment and any treatments deemed appropriate by Alexandra Martin Veterinary Physiotherapy. I understand, in making this referral, I am not responsible for any physiotherapy assessment or treatment given and the provision of professional insurance for physiotherapy treatment is the responsibility of Alexandra Martin Veterinary Physiotherapy.

**Veterinary Surgeon (PRINT):**

**Date:**

**Veterinary Surgeon Signature:**

THANKYOU - PLEASE NOW RETURN THIS DOCUMENT (WITH ANY SUPPORTING INFORMATION) TO  
[amartinvetphysio@hotmail.com](mailto:amartinvetphysio@hotmail.com)