

Mochdre Veterinary Practice Referral Services Veterinary Consent Form

The following treatments are available. Please delete if you **do not** wish the patient to receive a treatment.

Hydrotherapy / Physiotherapy / K-Laser / Massage / Acupuncture / Mctimoney

We require veterinary permission and a relevant clinical history for each dog attending one of our services. If you would like to discuss in more detail we would welcome your call.

Client name		Client Address
Phone		
Animal Name		
Species/breed		
Age		
Weight		
Vaccination date		
Insurance details		

Referring Veterinary Name & Address	Reason for referral and desired outcome

Date of injury/illness	
Date of surgery if applicable	
Health check – please comment on the following – Heart, Respiratory function, Ears, Skin, Weight	
Temperament	

I as the referring veterinarian give permission for this animal to receive treatment the above treatment/s and consider the patient to be in a suitable state of health to undergo treatment.

Signed:

Date:

Print name of Veterinary Surgeon:

E-mail – info@mochdrevets.co.uk Fax - 01492546349