

## Mochdre Veterinary Practice Rehabilitation Consent Form

We require veterinary permission and a relevant clinical history for each dog attending our services. If you would like to discuss in more detail we would welcome your call on 01492546112.

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	

We offer hydrotherapy, physiotherapy, laser, massage and acupuncture as part of our treatment programmes. If you do not wish for this animal to receive any of these therapies, please specify which and provide a reason why	
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*I as the referring veterinarian give permission for this animal to receive treatment/s, unless stated otherwise, and consider the patient to be in a suitable state of health to undergo treatment.*

Signed:

Date:

Print name of Veterinary Surgeon: