



# COTSWOLD ANIMAL THERAPY

Veterinary physiotherapy & laser therapy

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### Vet Form

To:

Patient Name:

Species:

Sex:

Owner details:

Date:

The above owner has requested the following therapy for the above named animal:

#### **Physiotherapy - May include Laser Therapy**

*(Laser details – Class IV 15W Companion Animal Health CTX Veterinary Laser)*

I therefore seek Veterinary permission to do this.

If you require any further details please do not hesitate to contact me on the telephone number at the top of this page.

If there is any relevant clinical history for this patient that would need to be taken into account during treatment (e.g. history of neoplasia that might preclude the pet from laser therapy), I would be grateful if you could email it to [rachael@cotswoldanimaltherapy.co.uk](mailto:rachael@cotswoldanimaltherapy.co.uk), including details of any medication the pet is on, and if it has had any recent surgery.

INSURANCE DETAILS: Balens, policy number ZUR-RAMP/19/01/35

PROFESSIONAL REGISTRATIONS: RAMP, IAAT, RCVS.

With Kindest Regards

Rachael McCooley RVN DipAPhys MIAAT

Cotswold Animal Therapy

#### **For the Veterinary Surgeon:**

**Practice Name**.....

**I am happy that this patient is capable of undergoing the above therapy, and that the above therapy is suitable for this patient. I understand that Cotswold Animal Therapy will refer the patient back to this veterinary practice with any concerns that may arise and am therefore happy for this patient to undergo Physiotherapy and Laser Therapy.**

**Comments (If applicable):**

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**I request a written report following this patient's treatment (delete as appropriate) YES/NO**

**Signed:** .....**Print:** .....

**Date:** .....

