Fox Canine Services
Rehab – RVN - Consultancy
WORKING DOG WELLBEING
www.foxcanine.co.uk
07725 709410

VET FORM

Patient Name: Species:

Owner details:

Date:

Sex:

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

Canine Musculoskeletal Assessment and 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 **foxcanineservices@gmail.com**, including details of any medication the pet is on, and if it has had any recent surgery.

INSURANCE DETAILS: Balens Professional, Public & Products Liability Policy: ZUR-RAMP/26/03/44

REGISTRATIONS: RAMP, RCVS

With Kindest Regards
Rachael McCooey RVN BSc NCert(Anaes) DipAPhys

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 and understand that Fox Canine Services will refer the patient back to this veterinary practice with any concerns that may arise and am therefore happy for this patient to undergo a Musculoskeletal Assessment, 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:
.....

RAMP MEMBER