



Anna Lindley
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Fully insured and registered with IAAT

Veterinary Referral Form

Date:

Client details	Mr/Mrs/Ms/Miss	Animal details	
Client name		Animal name	
Address		Species & breed	
Tel:		Sex: Male / Female	Is your dog from abroad? YES/ NO If yes, have they had the Brucella blood test? YES/NO *
mob:		Neutered: yes / no	
Email address		DOB:	Or Age:
Vaccination due date:		Date of last flea and worm treatment:	

For the Veterinary Surgeon to complete:

Referring Veterinary surgeon:	
Address of Veterinary Surgery:	
Tel:	Email:
Onset of injury/ surgery date:	
Veterinary diagnosis/ reason for treatment	
Suitable for Physiotherapy now?	YES/NO (if no please state when they can start physio).....

Current medication	
Any known allergies?	
Pre existing conditions:	
Temperament or other info I should be aware of before treatment:	

Declaration:

I hereby give Veterinary permission (under the Veterinary Surgeons Act 1966) for Anna Lindley of Anna's Animal Physiotherapy to treat this animal and in my opinion this animal is a suitable for physiotherapy treatment.

Print name **Date:**

Signature.....Position:.....

Anna will issue a report following the initial consultation and then a follow-up report once a re-assessment is carried out (usually 4-6wks after the initial assessment(patient dependent)) via email. After this an update will be sent in interim periods to update you on treatment/progress.

NB: Patient history/clinical notes and any X-rays/reports from referrals are extremely useful and very much appreciated, thank you.

**** Please note-I will not treat dogs that are from abroad and haven't had the Brucella blood test.***