

FAUNATHERAPY
Veterinary Physiotherapy Referral Form



Client details

Full name:
Physical address:
Phone number:
Email address:

Patient details

Name:
Species / Breed:
Age / DOB:
Gender: Male Female Neutered/Spayed
Muzzle used: Yes No

Medical History & Current condition

Diagnosis/Reason for referral:
 Post-operative rehabilitation: _____
 Orthopaedic condition: _____
 Neurological condition: _____
 Pain management / mobility improvement
 Other: _____

Other Medical Conditions:

Current Medication:

Precautions for physiotherapy:

Additional relevant notes:

Referring Veterinarian details and declaration

I confirm that the above patient is under my care and is in appropriate health to undergo physiotherapy treatment. I authorize referral to Faunatherapy to carry out the necessary physiotherapy assessment and treatment.

Veterinary Practice:

Veterinary Address:

Veterinarian Name:

Date:

Signature:

Please note that regular reports will be sent to the above veterinarian outlining my main findings and treatment. I will contact the above veterinarian if there is any noted regression or concerns with the patient.

Please send the completed form along with patient medical history, specialist reports and diagnostic imaging if applicable.

Thank you for your referral

Jackie van der Westhuysen t/a Faunatherapy

NAVAP registered Veterinary Physiotherapist

