

Veterinary Physiotherapist
Tanya Sprunks MPA, BSc (Hons), PgDip, AHPR, CAM Advisor
Tel 07508591928
Email tes@vetphysiodevon.com



Requesting Veterinary Permission

Date:

Veterinary Surgery:

Email:

Tel:

I have been contacted by one of your clients requesting physiotherapy treatment for their animal. In accordance with the Veterinary Surgery (Exemptions) order 1962, I am seeking your permission to treat this animal.

I would be grateful if a Veterinary Surgeon could complete this form and email it back to me at **tes@vetphysiodevon.com**

If you wish to discuss this referral, please contact me at **Tel 07508591928**

If required treatment reports are available on request.

Client:	Animal Name:	
Address:	Species:	
	Gender:	Age:
Any relevant history:		
Provisional date for start of treatment:		

I hereby give veterinary consent for Tanya Sprunks MPA, BSc (Hons), PgDip , CAM advisor to treat this animal.

Name:.....Position.....

Signature.....Phone.....Date.....

Comments.....