

**VETERINARY CONSENT & REFERRAL FORM**  
**HYDROTHERAPY & LASER**



|              |         |
|--------------|---------|
| Client Name: | Tel:    |
| Address:     | Mobile: |
|              | Email:  |

|                           |      |                            |                 |
|---------------------------|------|----------------------------|-----------------|
| Name of Patient:          | Age: | Sex:                       | Breed & Colour: |
| Date of last vaccination: |      | Date of last consultation: |                 |

|                               |                        |
|-------------------------------|------------------------|
| Referring Veterinary Surgeon: |                        |
| Practice Stamp:               | Tel:<br>Fax:<br>Email: |

Summary of relevant clinical condition/s : *(A clinical history & X-rays would also be appreciated if possible)*

Recent/current Medication:

Basic physiotherapy exercises and massage techniques may be used and demonstrated to the owners by trained therapists if relevant to the patients condition.

**Do you give consent to basic physiotherapy/massage? Y / N**

**Do you give consent for Class 4 Photobiomodulation Laser to be used by a trained therapist? Y / N**

|  |  |
|--|--|
| <p>I certify the above animal is under my care, I have examined the animal and in my opinion is in a suitable state of health for treatment.</p> <p><b>Veterinary Surgeon</b></p> <p>Signature.....</p> <p>Print Name.....</p> <p>Date.....</p> <p>Would you like the therapist to contact you prior to treatment for case discussion? Y / N</p> | <p>I am the owner of the above animal and I consent to treatment. <i><b>I have read, and agreed to the terms and conditions of treatment.</b></i></p> <p><b>Owners</b></p> <p>Signature.....</p> <p>Print Name.....</p> <p>Date.....</p> |
|--|--|