

Canine Client Registration and Veterinary Consent or Referral Form

Please ensure that all sections are completed before emailing to reflexionsvetphysio@gmail.com prior to your initial appointment.

Sections A, B, C and D are to be completed by the owner of the animal.

Section E is to be completed by the veterinary surgeon where veterinary referral or consent is necessary.

SECTION A: CLIENT DETAILS – Person who owns the dog and/or will be attending with the dog.

Name	
Mobile Telephone	
Email	
Home Address	

SECTION B: DETAILS ABOUT THE DOG

Name	
Breed	
Age	
DOB (if known)	
Sex	
Is your dog insured?	Y I N
Date of most recent vet visit	
Is your dog involved in any sports or activities? (Please tick all that apply and add any details you feel would be useful to the veterinary physiotherapist)	
Dog Agility	<input type="checkbox"/>

Flyball	<input type="checkbox"/>
Gundog	<input type="checkbox"/>
Canicross	<input type="checkbox"/>
Canine Hoopers	<input type="checkbox"/>
Other (please specify)	
Please answer the following questions	
1. Has your dog ever been to a veterinary physiotherapist, chiropractor, osteopath, or other veterinary practitioner who is not your vet before? If yes, please give details on what they attended for, and what the outcome was below.	Y I N
2. Has your dog ever shown signs of aggression, fear or anxiety towards other dogs?	Y I N
3. Has your dog ever shown signs of aggression, fear or anxiety towards people?	Y I N
4. Does your dog have any legal conditions held against it? For example, it is required to wear a muzzle at all times.	Y I N
5. Is there anywhere your dogs is sensitive or does not like to be touched?	Y I N
6. Does your dog have any known allergies to foods?	Y I N
7. Does your dog have any allergies to creams or have a skin complaint?	Y I N
If you answered "yes" to any of questions 2-7, please detail below	

8. Is your dog on any medically prescribed medication from the vet? If yes, please give details below.	Y I N
9. Is your dog on any supplements? (For example, Yumove) If yes, please give details below.	Y I N
10. Is there anything else you feel that we should know about your dog which may affect their veterinary physiotherapy session? If yes, please give details below.	Y I N
Any Relevant Medical History	

SECTION C: Veterinary Practice Details

Veterinary Practice Name	
Practice Telephone	
Practice Email	
Practice Address	

SECTION D: OWNER DECLARATION

Referral for veterinary physiotherapy treatment has been requested for the above patient, either by yourself, or your veterinary surgeon.

I, as the owner, confirm that information above is accurate to the best of my knowledge.

I certify that I give consent for Hannah Gill of Reflexions Veterinary Physiotherapy to perform an assessment and provide treatment to my animal accordingly; which may involve taking photos and videos.

I understand that all findings, treatments and progress will be discussed with my veterinary surgeon, and that my animal may be referred back to my veterinary surgeon should their condition change.

Signature	
Print Name	
Date	

SECTION E: To be completed by the veterinary surgeon

Referral for veterinary physiotherapy treatment has been requested for the above patient, either by the veterinary surgeon or the owner.

Reflexions Veterinary Physiotherapy is governed by the National Association of Veterinary Physiotherapists (NAVP) and Animal Health Professions' Register (AHPR) and will fully adhere to Codes of Conduct. Immediate referral back to the veterinary surgeon will occur upon finding any suggestion of underlying injury, disease or pathology. The veterinary surgeon will receive a report following initial assessment, and will be kept updated throughout treatment.

I, the signatory, understand that I am not responsible for any assessment or treatment carried out by Reflexions Veterinary Physiotherapy, and that the animal may be referred back to the practice by the veterinary physiotherapist.

I give consent for Hannah Gill of Reflexions Veterinary Physiotherapy to perform veterinary physiotherapy assessment and carry out treatment as appropriate.

Please send any relevant medical history to reflexionsvetphysio@gmail.com

Signature	
Print Name	
Date	

SECTION F: To be completed by Reflexions Veterinary Physiotherapy

Discussion held with the veterinary surgeon regarding the patient above and any relevant medical history obtained:

Y | N

Signature	
Print Name	
Date	