

Kent Veterinary Physiotherapy

Tel: 07871 657465

kentvetphysio.com



To: **Megan Saltmer**
Veterinary Physiotherapist
PGDip NAVP



*National Association of
Veterinary Physiotherapists*

Physiotherapy Treatment Veterinary Referral/Consent Form

Owner Details:

Name:

Address:

Telephone:

Email Address:

Animal Details:

Name:

Age:

Sex:

Species:

Breed:

Referring Veterinarian

Name:

Practice:

Practice

Address:

Telephone:

Email Address:

Reason for Referral:

Relevant Medical

History/ Precautions:

I **recommend** / **consent** this animal receives a physiotherapy assessment and any appropriate treatment. I understand, in making this referral, I am not responsible for any **physiotherapy** assessment or treatment given, and the provision of professional indemnity insurance for physiotherapy treatment is the responsibility of Megan Saltmer. I understand I will be kept informed of said treatment.

Date:

Signature of Referring Veterinary Surgeon:

No signature required if emailing form – please enter 'emailed' and email from practice address.

Please scan and email to msvetphysio@outlook.com