



Client registration & veterinarian referral form

(Please ensure ALL sections are completed & sent via email prior to initial assessment appointment)

Section A – Details of owner/person who will attend with the dog

Full Name: _____ Date: _____

Address: _____

Street Address

Town/City

Post Code

Phone: _____ Email: _____

DISCLAIMER – TO BE COMPLETED BY THE OWNER OF THE ANIMAL

All the information I provide on this form is accurate to the best of my knowledge:

Owners signature: _____ Date signed: _____

Please complete **all** questions below

Has your dog ever showed signs of aggression, fear or anxiety towards other dogs and/or people? YES NO

Does your dog have any legal conditions held against it? For example, it is required to wear a muzzle at all times. YES NO

Is there anywhere your dog doesn't like to be touched or is particularly sensitive? YES NO

Has your dog had diarrhoea, vomited, had a cough or been unwell within the past 14 days? YES NO

Is your dog on any regularly prescribed medication from the Vet? YES NO

Section B – Details about your dog

Name: _____ Breed: _____ Age: _____

D.O.B (if known, give a rough month/year if unknown): _____ Sex (Male/Female): _____

Is your dog a rescue or have you had it from a puppy? _____

If a rescue, how long have you owned them? _____

Date of most recent vaccination(s): _____

Date of most recent visit to the Vet: _____

Is your dog insured? YES NO

Section C – Veterinary Practice and Veterinarian details

Name of the Veterinary Surgeon who knows your dog best: _____

Veterinary Practice address: _____

Postcode: _____

Telephone number: _____

Email address (if known): _____

Section D – To be completed by veterinary physiotherapist & Veterinary Surgeon ONLY

Discussion held with Veterinary Surgeon and a brief, relevant medical history obtained by: _____ Phone Email

Veterinary physiotherapist signature: _____

Date: _____

Veterinary Surgeon declaration – “In my opinion, the animal detailed above is currently in a suitable state of health and mentation to undergo veterinary physiotherapy assessment and treatment.”

Veterinary Surgeon signature: _____ YES NO

Date: _____