



VETERINARY REFERRAL FORM FOR REHABILITATION ASSESSMENT AND TREATMENT

Your client has requested referral of their pet for physiotherapy by Pet Paws Physio Small Animal Rehabilitation Therapist Deirdre Duggan.

Please can you complete referral by filling out this form and attaching the FULL CLINICAL HISTORY. If you have any questions, please do not hesitate to contact me. Many thanks for this referral.

Deirdre Duggan Small Animal Rehabilitation Therapist. RVN, Dip. Canine Aqua & Hydrotherapy, Cert. Small Animal Hydrotherapy, P.G. Cert Small Animal Rehabilitation Therapy.

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Owner (full name)	
Address	
Contact Number	
Patient Name	
Age	
Breed	
Gender Neutered	
Reason for Referral/ Diagnosis/date of surgery	
Medications	
Any existing concurrent conditions	
Expected outcome of physiotherapy	
Reports: Would you like updates after initial assessment OR as I feel necessary?	

PLEASE ATTACH A FULL CLINICAL HISTORY PLUS RELEVANT IMAGING/SCAN RESULTS WITH THIS REFERRAL FORM

Referring Veterinary Practice Name	
Address	
Phone Number	
Email Address	

I give consent for you to treat this animal with physiotherapy and understand that you will refer to us any concerns you may have. This animal is of fit enough purpose to undergo these treatments.

Name and Qualifications: _____ Date: _____