



**DUBLIN VETERINARY
PHYSIOTHERAPY**

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Please ensure this form is completed prior to treatment. Your veterinarian will be required to complete Section C, if they cannot fill in the online form on our website.

After completion, please forward this form on to dublinvetphysio@gmail.com or bring it to your appointment.

Section A

Client Name :
Address :
Contact number :
Email address :
I hereby confirm that the below detailed patient has had veterinary approval for physiotherapy treatment. I consent to Dublin Veterinary Physiotherapy contacting my veterinarian in order to discuss the below mentioned patient, if required, and provide my veterinarian with reports of these physiotherapy sessions. I consent to the terms and conditions of treatment.
Signed : Date :

Section B

Horse Name:
Age : Breed :
Sex:
Is your horse insured? Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance company and policy number (if known):
Current Medication:
Date of Last Vaccinations:
Reason for Appointment :



Section C

Veterinary Clinic Name:

Address:

Veterinary Surgeon Name:

Practice Contact Number:

Practice Email Address:

Brief medical history/reason for referral (if applicable):

Current Medication:

Veterinary Surgeons Declaration:

I can confirm that the above mentioned patient is suitable for physiotherapy assessment and treatment.

Signed: _____

Date: _____

Print name: _____

If you would like to discuss this case, or if you have any questions, please don't hesitate to contact me on 0862537535 or dublinvetphysio@gmail.com