

Canine Behaviour and Physio Clinic

Vet Referral form

Please tick what service(s) you are referring the dog for:

- □ Behaviour: Please be aware that all behavioural referrals will undergo a veterinary physiotherapy assessment. If there are any abnormalities found, then they will be referred back to you for further discussion/investigation.
- □ Veterinary Physiotherapy

Please fill in the form and email it, along with the dog's clinical history, to: <u>info@caninebehaviourandphysioclinic.com</u>

By signing and sending this form, you are confirming that you have the owner's permission to send their details for a referral and that you are consenting that Caitlin Boyd-Smith can treat the referred animal in accordance with the Veterinary Surgeons Act, 1966.

Client Details		
Title:	Contact Number:	
First Name:	Email:	
Surname:		
Address:		
Patient Details		
Name:	Species/Breed:	
Sex:	Neutered:	
D.O.B:	Insurance provider:	
Current medication:		
Current medical conditions:		
Caitlin Boyd-Smith BSc (Hons), MSc, APDT (membership number: 01481), PGDip, MIRVAP (VP)		

Referral Practice	
Practice Name:	Phone number:
Referring vet first name:	Email:
Referring vet surname:	Practice Address:
Signature:	
Print name:	
Date:	

Additional Information for Veterinary Physio Referrals

Has the referred dog undergone any surgeries?	
Have you placed the dog on any restrictions for exercise?	
Is there any additional information you think I should be aware of?	