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**SARAH BARRY VETERINARY PHYSIOTHERAPY**

**SECTION A**

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

**SECTION B**

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| **Horse Name:** |
| **Age: Breed:** |
| **Gender:** |
| **Is your horse insured:** **Name of Insurance Company/Policy Number:** |
| **Current medication:** |
| **Date of last vaccinatons:** |
| **Reason for appointment:** |

**SECTION C**

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| **Veterinary Clinic Name:** |
| **Clinic Address:** |
| **Veterinary Surgeon Name:** |
| **Clinic Email Address:** |
| **Brief Medical History/reason for referral:** |
| **Veterinary Surgeons Declaration:***I can confirm that the above mentioned patient is healthy and suitable for physiotherapy assessment and treatment Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| ***If you would like to discuss this case, or if you have any questions, please do not hesitate to contact me on 0862547238 or email:*** sbvetphysio@gmail.com |

 <https://m.facebook.com/Sarah-Barry-Veterinary-Physiotherapy>sbvetphysio@gmail.com  **s**bveterinaryphysiotherapy\_

