**Chartered Veterinary Physiotherapy Approval Form**

Date…………………………………………………………………………………………………

To ……………………………………………………………………………………………….

A client of yours has requested a Veterinary Physiotherapy assessment/treatment for their horse. A provisional appointment has been booked pending your consent.

Owner Name…………………………..……………………………………………………………

Address………………...……………………………………………………………………………

Horse Name…………………………………………………………………………………...

If you feel there is any relevant past medical history, please could you fax, email or phone details through to us.

If you would like to discuss this case in further detail prior to approval please indicate this and the physiotherapist will be happy to contact you beforehand: **YES / NO**

*This signature consents to a veterinary physiotherapy assessment/treatment and validates the Chartered Veterinary Physiotherapist’s public liability cover:*

Signature……………………………………………… Date…………………………….

Print…………………………………………………….. Report required: YES / NO

Please Return by Fax to **01252 821581**

Kind Regards

**Bridgefield Physiotherapy** 