



Curly Tails Canine Rehab Ltd
Emily Buchanan RVN MBVNA CertVNECC
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Veterinary Referral Form

A client of your practice has requested referral to Curly Tails Canine Rehab Ltd for Class IV Laser therapy and/or physiotherapy treatment for their pet. Please complete and return this form to emily@curlytailscaninerehab.co.uk to indicate your consent for treatment. Curly Tails Canine Rehab Ltd acknowledges and adheres to the Veterinary Surgeons Act 1966 and will never work on an animal without prior veterinary consent. Fully insured.

Owner Details

Name:

Address:

Contact number(s):

Email:

Pet Details

Name:

Breed:

Age:

Sex:

Relevant medical condition(s):

Current medication(s):

Specific instructions/anything else?

Please attach relevant clinical history

Vet details

Practice name and address:

Practice telephone number:

Practice Email address:

In order to ensure continuity of care I shall send clinical reports via email to update on the pet's progress after a course of treatments. Please provide an email address for this (if different to above) and indicate a named veterinary surgeon for correspondence if appropriate.

Named Veterinary surgeon:

Email address:

Covid-19 notice: Curly Tails Canine Rehab Ltd adheres to the government framework for safe working during the current pandemic and follows the RCVS guidance for clinical practices, with appropriate biosecurity and hygiene measures in place. Current guidance allows treatment to be carried out if it is deemed that the animal has or will likely deteriorate without the treatment and that treatment is performed to maintain animal health and welfare. For guidance on decision making please see the RCVS website***

I confirm that the above animal is under my care and by signing below give my consent for Laser, massage and physiotherapy treatment as appropriate to be carried out by Emily Buchanan of Curly Tails Canine Rehab Ltd. I confirm that this treatment is appropriate to maintain animal health and welfare.

Signed:

Date:

Print name:

