



Referral for Osteopathic Treatment Form

Name of Veterinary Surgeon:

Veterinary Practice Address:

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Owners/Client Name:.....

Owner/Client Address:

.....

Animal Name: Animal Type:

The above named person (your client), has contacted our clinic regarding osteopathic treatment in relation to (*brief description of the issue*):

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.....

.....

We would be grateful if you could confirm whether you give permission to assess and, if appropriate, to treat this animal by signing and returning this form. If you would like a report or to discuss the case further, we would be delighted to do so.

I give permission for the above-mentioned animal to be assessed and treated

Name of Veterinary Surgeon (*Please print*).....

Signature of Vet.....

Date:/...../.....