**Referral for Osteopathic Treatment**

**To:** (Name of Veterinary Surgeon):

**At**:

**A Client of yours:**

**Clients Address:**

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| --- | --- | --- | --- | --- | --- | --- |
| RE: | Name of Animal: |  | Animal Type: |  | Animals Age: |  |

Has contacted me (Helena Brennan) requesting a consultation to assess and, if appropriate, give osteopathic treatment to this animal.

Reason for request:

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The owner has given permission for me to be in contact with you.

I would be grateful if you could confirm permission to assess and, if appropriate, treat this animal by signing and returning this form by email.

If you do not wish for me to see the above animal, please could you kindly let me know why, so I can explain to the owner.

If you are able to help by sending details of any previous history or veterinary care received relating to the current reason for referral, I would be very grateful.

Thank you in advance for completing this form. Please let me know if you would like a report or to discuss the case further.

I look forward to working with you.

Yours Sincerely,

Helena Brennan

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

**Name of Veterinary Surgeon (Please Print):**

**Signature of Vet:**

**Date:**