Practice Registration No: 7638656

Referral Form

North Paws Rehabilitation (Unit 4, Manor Farm, Rainton, YO7 3QB) info@northpawsrehab.co.uk

CLIENT NAME					
ADDRESS / POSTCODE					
PHONE. NO.		MOBILE NO.			
E-MAIL ADDRESS					
NAME OF DOG			DATE OF BIRTH		AGE
BREED		MALE / FEMALE	VACCINATED		
INSURANCE COMPANY			POLICY NO		

I / We are the legal owner(s) of the Dog named above AND agree to allow North Paws Rehabilitation Referrals to contact my Vet in relation to treatment AND have read and fully accept the North Paws Terms and Conditions. (To be signed by client at initial consultation)

Signature(s) _____ Date _____

VET NAME		PRACTICE	
ADDRESS & POSTCODE			
PHONE. NO.			
E-MAIL ADDRESS			
REASON FOR REFERRAL – PLEASE GIVE SPECIFIC DETAILS.			
DATE OF SURGERY, (IF APPLICABLE)			
MEDICATION			
ANY OTHER MEDICAL PROBLEMS – E.G. CARDIAC, RESPIRATORY, EPILEPSY, DIABETES, EAR PROBLEMS ETC.			
IS THE DOG NERVOUS OR AGGRESSIVE?			
I CONSENT TO REHABILITATION TREATMENT FOR THIS PATIENT (Hydrotherapy/Physiotherapy/Laser Therapy/examination by Veterinary Surgeon as part of a pain clinic/Acupuncture			
Please list any therapies that you feel are contraindicated :			

I understand that North Paws is a referral rehabilitation and pain management service only, and that their Veterinary Surgeons are not responsible for out of hours emergencies. North Paws is not a 24 hour service.

I understand that any rehabilitation treatment given to the above animal is the responsibility of the NARCH Registered Canine Hydrotherapist/ACPAT Registered Physiotherapist/Veterinary Surgeon based on the information requested.

Signature of referring Vet _____ Practice Stamp

Date _____