



Jennifer Coates
 2 Ranksborough Drive
 Langham
 Rutland
 LE15 7JR
 dogstartherapy@icloud.com
 07545 319 909



Owners Name	
Address	
	Post Code:
Telephone No.	
Mobile No.	
E Mail	

Dog's Details

Name		Breed		Sex	
D.O.B		Colour		Neutered?	

I declare I am the legal owner of the above named dog and that all information presented is correct to the best of my knowledge. I give consent for my dog to be treated by Jennifer Coates BSc PGCE DipCTM AdvCertVPhys

Owner Signature: **Print Name**
Date.....

Veterinary Surgeon	
Practice Address & Tel No./ Practice Stamp	

PLEASE ASK YOUR VET TO COMPLETE THE AREA BELOW ALONG WITH A SIGNATURE

Reason for approach/treatment/area of concern/previous conditions

Is the dog on medication? If so, please list here:

<p>In your opinion is the dog named above in a suitable state of health to undergo Physiotherapy? Yes/No* * Delete as applicable Signature of Veterinarian: Date:</p>

In accordance with The Veterinary Surgeons Act 1966 and The Veterinary Surgeons (Exemptions) Order 2015 I will only see a dog once a referral has been given by the dogs Veterinary Surgeon.