



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



<b>Owners Name</b>	
<b>Address</b>	
	<b>Post Code:</b>
<b>Telephone No.</b>	
<b>Mobile No.</b>	
<b>E Mail</b>	

**Dog's Details**

<b>Name</b>		<b>Breed</b>		<b>Sex</b>	
<b>D.O.B</b>		<b>Colour</b>		<b>Neutered?</b>	

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**.....

<b>Veterinary Surgeon</b>	
<b>Practice Address &amp; Tel No./ Practice Stamp</b>	

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