

Referral for Osteopathic Consultation

To (Vets name): _____

At (Veterinary practice and address): _____

A client of yours named: _____

Address: _____

With a horse/dog/reptile/bird/other (name species): _____

Called: _____ Age: _____

Kept at: _____

Has contacted me requesting a consultation to assess and, if appropriate, provide osteopathic treatment to this patient which presents with (short description of problem):

I would be grateful if you could confirm your permission to assess, and if appropriate, treat this patient by signing this form, or referring by letter.

A report will be sent to you following the consultation.

If you are able to help by sending details of any previous history of problems and veterinary care received, I would be very grateful.

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

Veterinary Surgeon _____
(Please print name)

Signature: _____ **Date:** _____

**If you would like to meet
or discuss this further
please contact me
Thank you**

Tony Nevin BSc (Hons) Ost, D.O.
Osteopath