

**Referral for Animal Osteopathic Treatment**

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

**At:** (Address of Clinic)…………………………………………………………………….

**A client of yours** (Clients Name)…………………………………………………………

**Address** (Clients home address)………………………………………………………...

**Name of animal**……………………**Type and breed**……………………………………

Has contacted our clinic to request a consultation with our registered Osteopath and qualified animal Osteopath Lorna Stephens for a consultation to assess and, if appropriate, give Osteopathic treatment to the above animal.

**Reason for referral**………………………………………………………………………….

We would be very grateful if you could confirm permission to assess and, if appropriate, treat the above named animal.

If you would like a report of the appointment, or to discuss the case further we would be very happy to do so.

If you have any information as to previous medical history and treatment that you deem appropriate for us to know, we would be very grateful to receive this information.

I give permission for the above animal to be assessed and treated by Lorna stephens

**Name of Veterinary Surgeon**…………………………………………………………….

**signature**……………………………………….**Date**………………………………………