

VETERINARY REFERRAL FORM

Treatment Authorisation for: **BodyRestore Animal Rehabilitation**

Owner Name	
Address	
Phone Number	Email
Animal	()
Date of Birth / Age	
Owner Consent	I, , consent to my animal receiving rehabilitative treatment as provided by BodyRestore Animal Rehabilitation

VET DECLARATION: The above named animal is a patient under my/our care and in my/our professional opinion is in a suitable state of health to undergo rehabilitative treatment
This statement is made in accordance with the Veterinary Surgeons Act 1966.
By Completing this form I/We grant qualified therapists at BodyRestore Animal Rehabilitation the right to undertake such care as detailed below by clinicians recognised by NAVP / AHPR / CHA / IRVAP / IAAT.

Diagnosis / Description of problem

Current Treatment, Exercise Restrictions, Medication (and any other relevant notes)

Authorised Treatments:

Physiotherapy
 Hydrotherapy
 Electrotherapies
 Laser Therapy
 Other: _____

Signature of Vet	Date

Veterinary Practice Name & Vet Name

Practice Address

Practice Phone Number & Email Address

BodyRestore Animal Rehabilitation

Tel: 07792130053 | Email: bodyrestoreanimalphysio@gmail.com

Form Reference: Generated on behalf of for animal on 10th April 2026 by BodyRestore Animal Rehabilitation