



Holistic Hounds

Referral for Therapy Consultation

To (Vet surgery)

A Client has requested a consultation to access and if appropriate, provide one of the listed treatments from a fully qualified and insured practitioner. We would be grateful if you could confirm your permission by signing this form or by referring letter.

- Gait Analysis,
- Mctimoney Manipulation,
- Soft tissue Massage,
- Deep tissue Massage,
- Passive Stretching,
- Performance Taping.
- LED light therapy,
- Osteopathy,
- Laser therapy
- HD Infrared Thermal Imaging

Client Name:

Animal Name:

Reason for treatment:

Please tick the box If you require a report to be sent following the consultation.

If you are able to help by providing any details of any previous history of issues or veterinary care received we would be very grateful.

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

Veterinary Surgeon (Please print name):

Signature: **Date:**

If you would like to meet or discuss our services please contact Holistic Hounds therapy team, Thank you.