



Amber McMillan  
The Pet Physio  
IMSc Level 7 Veterinary Physiotherapist  
P.O. Box 30189  
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## Veterinary Referral & Consent Form

<i><b>Vet Information</b></i>	
<i><b>Name</b></i>	
<i><b>Clinic</b></i>	
<i><b>Telephone</b></i>	
<i><b>Mobile</b></i>	
<i><b>Email</b></i>	

<i><b>Patient Information</b></i>	
<i><b>Name</b></i>	
<i><b>Species</b></i>	
<i><b>Breed</b></i>	
<i><b>Sex</b></i>	
<i><b>Spayed/Neutered?</b></i>	
<i><b>D.O.B.</b></i>	
<i><b>Coat/Colour</b></i>	
<i><b>Weight</b></i>	



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***Clinical History***

***Clinical History (Injuries, surgery, diagnosed lameness, conditions and dates as appropriate)***

***Reason for referral (if not owner referred)***

***Current Medication/Intervention***

***Additional information and/or precautions***



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## Veterinary Consent

I, \_\_\_\_\_(the attending veterinary surgeon), give consent for Amber McMillan (the Veterinary Physiotherapist) to provide physiotherapy treatment to \_\_\_\_\_(the patient). I confirm that the animal is a patient under my care and has undergone a complete health check and examination. In my professional opinion, this animal is of suitable health to receive physiotherapy treatment. I understand that the Veterinary Physiotherapist will not diagnose conditions, attempt musculoskeletal adjustments nor prescribe medication to the patient.

I understand that physiotherapy treatment may include the following services (where applicable and not contraindicated); massage, stretching, remedial exercise and/or electrotherapy. I understand that the Veterinary Physiotherapist will send a report of findings to the attending veterinary surgeon after the initial assessment and treatment. I understand that the Veterinary Physiotherapist will refer the patient to the attending veterinary surgeon and other paraprofessionals (where applicable) if refractory to treatment, or if the animal's condition changes dramatically. I understand that the Veterinary Physiotherapist may share records of treatment, interventions and consultive notes with the Cayman Islands Veterinary Board if requested.

Signed \_\_\_\_\_

Dated \_\_\_\_\_