

Lisa Ives Equine & Canine Osteopathy

Lisa Ives M.Ost PgCAO FSCCO IIST

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○ Unit 3 The Courtyard
Lower Slope End Farm
Stype
Hungerford
RG17 0RE

Referral for Osteopathic Treatment

To (name of veterinary Surgeon)

Date:

.....
Clients Name

.....
Address

With an (animal type)

Equine/Canine/Feline(etc).....

Stabled Address (if Equine & different from above):
.....

Has contacted the practice requesting a consultation to assess and, if appropriate, give osteopathic treatment to this animal:

- As part of a training or conditioning program. The owner has confirmed that there is no injury or disease present.
- Osteopathy for a specific injury or disease already diagnosed by a vet
If so, please state details:
.....
- There is an injury or disease present, which has not been diagnosed by a vet. I understand this will require a veterinary examination and possibly other work in order to reach a diagnosis prior to osteopathy in order to comply with the Veterinary Surgeons Act 1966

I would be grateful if you would acknowledge receipt of this paperwork by returning this document signed (either by post or email)? If you are able to help by sending details of any previous history of problems and veterinary care received, I would be very grateful.

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I consent for this animal to receive physical therapy (Osteopathy) as requested by the owner.

Name of Veterinary Surgeon:

Sign

Date.....