



Equine Vet Consent Form

Please complete Section 1 and Section 2 before passing on to your Veterinarian to complete section 3. Please bring the completed form with you to your appointment or email to the address below prior to your appointment. Horses will not be treated without referral from your Veterinarian.

Section 1: Owner details

Name:	
Phone Number:	
Address:	
Postcode:	
I confirm that the patient detailed below has been given Veterinary consent to undergo physiotherapy assessment and treatment. I understand that the therapist may refer back to the Vet and give permission for reports of the session(s) to be sent to the practice below and agree to all terms and conditions .	
Owner signed:	Date:

Section 2: Horse details

Name:	Insured: Yes No
Breed:	Insurance Company:
Sex:	Date of most recent vaccinations:
Year of birth:	

Section 3: Veterinary Practice

Veterinarian:	Brief medical history of patient:
Practice Address:	
Postcode:	Any current medication:
Email Address:	
Veterinarian's declaration: In my opinion, the animal detailed above is of suitable health to undergo Veterinary Physiotherapy assessment and treatment.	
Name:	Signed:
Declaration dated:	

Layla Maidment BSc (Hons) PGDip VetPhys

07869414457 | enquires@animalaceology.com | animalaceology.com