



## Owner Consent and Pre-treatment Equine Form

Client Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Yard Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Client Contact Number: \_\_\_\_\_

Client Email Address: \_\_\_\_\_

Animals name: \_\_\_\_\_

Animal's species: \_\_\_\_\_ Animals breed: \_\_\_\_\_ Animals age: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_

Discipline and level: \_\_\_\_\_  
\_\_\_\_\_

Is your horse currently turned out: Yes No  
(Please Circle)

If yes, please state when and the approx. duration: \_\_\_\_\_

Does your horse receive any other treatments: \_\_\_\_\_

Farrier: \_\_\_\_\_

Saddler: \_\_\_\_\_ Date last checked: \_\_\_/\_\_\_/\_\_\_

Dentist: \_\_\_\_\_ Date last checked: \_\_\_/\_\_\_/\_\_\_

Veterinary Surgeon: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Contact Details: \_\_\_\_\_

### Declaration

This form must be signed by the owner prior to any assessment/treatment. I hereby certify that I give permission for veterinary physiotherapy treatment to be performed on my animal. I hereby give permission for the veterinary physiotherapist to discuss treatment with my veterinary surgeon and understand that the veterinary physiotherapist may refer my animal back to the veterinary surgeon.

**Signed:**

**Print Name:**

**Date:**

Please email this form back to: [Kirsten@hurdlesvp.co.uk](mailto:Kirsten@hurdlesvp.co.uk)

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