Thank you for your interest in scheduling your horse for a physiotherapy session with me. Prior to your initial assessments I require some details and consent from both you and your vet prior to the first session. I ask that this form is filled in a retuned to me by either email or post at least 2 days prior to your assessments so I can review the information and provide the best service possible especially if your horse has any conditions.

If you have any questions, then please do not hesitate to get in contact with me and I will be happy to answer them. Thank you and I look forward to treating your horse.

Jack

Owner Please fill in section 1 & 2. Veterinary Surgeon please fill in section 3.

**Section 1: Owners Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  |  |  |
| **Address:** |  |  |  |
|  |  |  |  |
| **Post Code:** |  |  |  |
| **Primary Phone Number** |  | **Secondary Phone Number:** |  |
| **Email:** |  |  |  |

**Signature: Date:**

**Section 2: Horses Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Age:** |  |
| **Breed:** |  | **Sex:** |  |
| **D.O.B:** |  | **Last****Vaccination:** |  |
| **Insurance Company** **(if applicable):** |  | **Veterinary Practice:** |  |

**Vet History:**

Please use the space below to list any known injuries or conditions, and their treatments, as well as any regular medication and/or supplements in your horse’s diet.

**Section 3: Veterinary Consent**

**Primary Surgeon for this Horse:**

**Veterinary Practice Address:**

**Post Code:**

**Primary Contact Number: Contact Email:**

**Relevant Veterinary History of the horse:**

Please use the space below and fill in any veterinary history you deem relevant to physiotherapy or email any records you deem necessary to jttacey@hotmail.co.uk. If you need to explain any history and feel a phone call would be better then do not hesitate to call me on 07557946477.

In my opinion and to my knowledge this horse is in suitable condition to undergo Physiotherapy assessment and treatment and I consent to such under the Veterinary Surgery (Exemptions) Order 2015. JBT Veterinary Physiotherapy will refer any new conditions outside the scope of Veterinary Physiotherapy to the horses veterinary surgeon.

**Signature:** **Name: Date:**