

CONFIDENTIAL ONCE COMPLETED

PERFECT STRIDES VETERINARY PHYSIOTHERAPY

Avalon
Sleaps Hyde
Smallford
St Albans
Herts
AL4 0SE

EQUINE PHYSIOTHERAPY CONSENT FORM

t: 07718284285

e: info@perfectstrides.co.uk

Web: www.perfectstrides.co.uk

To be completed by owner for physiotherapy treatment:

Owner details: Name: Address: Telephone: Email:	Horse details: Name: Breed: Age: Stable/ field address:
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Signed:

Date:

To be completed by the owner's veterinarian:

I consent for this horse to receive the treatment requested above. The provision of professional indemnity insurance for physiotherapy treatment is the responsibility of the therapist.

Signed:

Date:

No relevant history:

Relevant history enclosed:

Report required from therapist after treatment: