



KENT & SUSSEX VETERINARY PHYSIOTHERAPY
 SARA BARNES MCSP
 ACPAT CHARTERED PHYSIOTHERAPIST
 CATEGORY A MEMBER



Physiotherapy Consultation and Treatment by Veterinary Referral
 Saddletech Computerised Saddle Analysis

EQUINE VETERINARY CONSENT FORM

One of your clients has requested that their horse has a physiotherapy assessment and/or treatment. To indicate your consent, please fill out the following form and either fax or email it back to me. I can be contacted on any of the numbers below or email if you need to discuss this case. Please include any recent and relevant veterinary history with this consent form. Thank you.

Clients Name:

Clients Home Address:

Clients Email:

Clients Telephone:

Clients Mobile:

Name of Veterinary Surgeon:

Practice Name:

Practice Address:

Email:

Telephone:

Mobile:

Fax:

Yard Address:

Name of Animal:

Breed/Type:

Age:

Mare/Gelding/Stallion (delete)

Colour:

Height

Insurance Company:

Date animal last seen by you:



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EQUINE VETERINARY CONSENT FORM (2 of 2)

Veterinary Diagnosis:

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Current Drugs:

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History of Present Complaint

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Signature of Veterinary Surgeon:

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Print Name:

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Date:

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