



## Client Consent Form

### Equine Musculoskeletal Maintenance Treatment

Please return the completed form to All Paws & Equine Vet Physio, 29 Cann Hall Drive, Bridgnorth WV15 5BG or email [allpawsandequinevetphysio@outlook.com](mailto:allpawsandequinevetphysio@outlook.com) prior to your session.

#### HORSE DETAILS

Name:		Age/D.O.B:	
Sex:	Height:	Breed:	
Colour/description:		Date purchased/loaned:	
Insured/insurance company:			

#### CLIENT DETAILS

Name:		Address:	
Home phone:			
Mobile:			
Email:		Postcode:	

#### VETERINARY PRACTICE DETAILS HORSE IS REGISTERED TO

Practice Name:		Address:	
Usual Veterinary Surgeon:			
Telephone:			
Email:		Postcode:	

#### HISTORY

Any previous injuries, illnesses or surgeries:	
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**DECLARATION**

The named horse above is owned/loaned by myself and is registered with the veterinary practice detailed.

To the best of my knowledge he/she is considered to be fit and healthy and I therefore authorise consent for him/her to be assessed and treated for musculoskeletal maintenance by All Paws and Equine Vet Physio.

Should any concerns arise of underlying disease, injury or pathology I give consent for All Paws and Equine Vet physio to contact my veterinary surgeon.

**Signed:**

**Print Name:**

**Date:**