

NORTHWEST VETERINARY PHYSIOTHERAPY



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Professional liability Insurance: Balens ZUR-BAP/21/01/97

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Veterinary Physiotherapy Consent Form - Equine

Owner's Details

Name	
Address	
Telephone	
Email	

Horse Details

Name			
Sex		Age	
Address Stabled			
Current condition including medications and investigations	Routine back and saddle check in line with current risk assessment and safety precautions for COVID 19.		
Pre-existing conditions			

I consent to this horse receiving physiotherapy assessment and appropriate treatment for the conditions listed above and/or as part of a health maintenance programme.

Veterinary Surgeon			
Telephone		Email	
Practice address			
Signature		Date	