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**VET CONSENT FORM**

**SECTION 1 - TO BE COMPLETED BY OWNER:**

|  |  |
| --- | --- |
| **OWNERS DETAILS** |  |
| Name |  |
| Address |  |
| Contact Number |  |

|  |  |
| --- | --- |
| **HORSE DETAILS** |  |
| Name |  |
| Colour / Sex |  |
| DOB or Age |  |
| Breed |  |

**SECTION 2 – TO BE COMPETED BY VET:**

|  |  |
| --- | --- |
| **Veterinary Surgeon Name** |  |
| **Practice Address** | **PRACTICE STAMP** |
| **Practice Contact Number** |  |
| **Summary of Horse’s health**  **Previous injuries**  **Areas of caution to be noted** |  |
| **Current medication if any** |  |
| **Signature and Date:**  (veterinary surgeon) | I hereby give full consent for the horse named above to receive massage treatments. |

Veterinary consent is required by law for equine massage therapy in accordance with the Veterinary Permission Act (1966). IAAMB membership number: 2203. UK Rural Skills 2019:21149. Insured by Balens LTD.