

EQUINE MASSAGE

VETERINARY CONSENT

Return to emma@okst.co.uk

Owner Name:

Contact No:

Address

Postcode:

HORSE DETAILS

To be completed by Owner

Name:

Age

Sex:

Colour

Breed:

VETERINARY PRACTICE

To be completed by Vet

Veterinary Surgeon:

Practice Address:

Contact No:

Practice Stamp:

VETERINARY PERMISSION

Summary of horse's health (previous injury or condition/ areas of caution to be noted & any Medication)

I give my consent for the horse named above to receive massage treatments

Signed:

Date: