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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 COMPLETED BY VET:

Veterinary Surgeon Name	
Practice Address	<u>PRACTICE STAMP</u>
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.