

**Therapist Name:** Katie Buncombe BSc (hons), FdSc, Cert ESMT

**Therapist Contact:** 07706 854 326

**Return forms to:** The Client or info@equiflextherapy.co.uk

**Website Address:** www.equiflextherapy.co.uk

Equiflex Therapy Equine Massage Vet Consent Form

Practice Stamp

I/WE DECLARE THAT WE ARE THE LEGAL OWNER/S OF THE NAMES EQUINE AND ALL THE INFORMATION SHOWN ON THIS FORM IS CORRECT. I/WE HAVE READ AND FULLY ACCEPT THE T’S AND C’S OVERLEAF.

**Signature:** ……………………………………………………………………... **Date:** ..…………………………………………………………..

**Printed Name:** …………………………………………………………………………………………………………………………………………..

**THIS SECTION SHOULD BE FILLED IN BY THE EQUINE’S VETERINARY SURGEON**

**Veterinary Surgeons:** ………………………………………………………………………………………………………………………………

**Practice Address:** ………………………………………………………………………….

………………………………………………………………………………………….……………

………………………… **Telephone Number:** ……………..………….………………

**BASIC OUTLINE OF ISSUES AND SYMPTOMS EXHIBITED (to be kept fully confidential):**

……………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………

**Medication Issued?** ……………………………….…………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………

**I give consent for the above names equine to receive treatment by the named therapist at Equiflex**

**Signature:** ……………………………………………………………………… **Date:** ……………………………………………………………..

**Print Name:** ..…………………………………………………………………………………………………………………………………………….

**ANIMAL DETAILS**

**Name:** ………………………………………………………… **Colour/Marks:** ………………………………………………………………..

**Breed:** …………………………………………………………… **Height:** ………………………….… **Sex:** …………………………………

**DOB:** ………………………… **Weight:** …………………………… **Vaccinations:** ………………………………………………………

**OWNER DETAILS**

**Name:** ……………………………………………………………………………………………………………………………………………………….

**Address:** ……………………………………………………………………………………………………………………………………………………

**Contact Number:** ………………………………………………………………………………………………………………………………………

Equiflex Therapy Equine Massage Terms & Conditions

1. Animals will not be treated without full signed authorisation from the relevant veterinary surgeon.
2. Animals with infections, contagious conditions or anything deemed to be a contraindication will not be treated.
3. Owners are required to notify Equiflex Therapy if, during the course of the treatments, the equine’s injury or condition worsens, or if the veterinary surgeon advises the treatment is stopped or suspended.
4. Equiflex Therapy reserve the right to refuse treatment of any animal.
5. Owners/handlers are required to provide adequate restraint apparatus and to be present and accessible at all times during treatment sessions.
6. Whilst every care is taken of the equine undergoing treatment, it is done so entirely at the owner’s risk.
7. Equiflex Therapy reserve the right to use any video footage and/or photographs taken of the equines during treatment sessions.
8. Equiflex Therapy does not take any responsibility whatsoever for any accident/injuries sustained by the equine handler whilst the animal is undergoing treatment.
9. Equiflex Therapy cannot be held responsible for any damage to property such as stables or headcollars, including personal property, sustained whilst the equine is being treated.
10. It is a legal requirement for the attending therapist to hold adequate public liability insurance, malpractice cover, appropriate approval from awarding bodies and be dressed accordingly.
11. Details of any issues and injuries found or informed of to do with any equine treated or equines discussed will be kept fully confidential and between the therapist, veterinarian and owner.