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| A close up of a logo  Description automatically generated | Midlands Veterinary PhysiotherapyMember of the NAVP, MAA and IAVRPTRAMP and AHPR registered07753 747467hannah@midlandsvetphysio.co.uk[www.midlandsvetphysio.co.uk](http://www.midlandsvetphysio.co.uk) |
| Owner Name: |  |
| Horse Name: |  |
| Date of Birth: |  | Height: |  | Sex: |  |
| Breed: |  | Colour: |  |
| Reason for referral/consent: | Treatment for a specific problem (please answer all below) |  | Routine ‘maintenance’ care(please answer 3&4 below) |  |
| 1. Insurance Claim:
 | Y/N |  | Company (& claim ref. if known): |  |
| 1. Nature of current problem(s) including any investigations performed and diagnosis if applicable:
 |
| 1. Current medication(s):
 |
| 1. Details of any pre-existing conditions or past medical history (including any previous lameness):
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| Any other comments (e.g. specific precautions, plans for further veterinary examination or treatment): |
| I believe the above horse to be a suitable candidate for physiotherapy care as deemed appropriate following an assessment by Hannah Haskew of Midlands Veterinary Physiotherapy. In giving this consent, I understand that Hannah Haskew is responsible for any such work carried out and holds appropriate professional liability insurance. |
| Signature: |  | Date: |  |
| Name: |  |
| Practice Name: |  |
| Practice Address: |  |
| Phone Number: |  | Email: |  |