

Laura Bradbeer ICAT Dip Equine Sports Massage & **Musculo-Skeletal Therapist** 07702 598338

**Vet Consent Form** 

Giving your horse the freedom to move

Address/Tel no:			
Horse's name:	Age:	Sex:	
Colour:	Height:	Weight:	
Vaccinations:			
	SHOULD BE COMPLETED BY TH	IE HORSE'S VETERINARY SURGEON	
Veterinary Surgeon:			
Practice Address:		Practice Stamp:	
Telephone:			
SUMMARY OF THE HOR	SE'S INJURIES OR CONDITION, ARE ACCOUNT E	AS OF CAUTION, COMMENTS TO BE TAKEN IN	ντο
Medication Details:			
I give my consent for the ab	ove named animal to receive mas	age treatments.	



## **Terms & Conditions**

- 1. Animals will not be treated without the prior authorisation of their veterinary surgeon.
- 2. Whilst every care is taken of the animal undergoing treatment, it is done entirely at their owner's risk.
- 3. Animals with infections or contagious conditions will not be treated.
- 4. Owners are required to notify Equiflexion if, during a course of treatments, the animal's injury or condition worsens, or if the veterinary surgeon advises that treatment is stopped or suspended.
- 5. Equiflexion reserve the right to refuse treatment to any animal.
- 6. Owners are requested to provide adequate restraint apparatus and to be present at all times during the animal's treatment session.
- 7. Equiflexion reserves the right to use video footage and photographic stills taken during treatment sessions.
- 8. Equiflexion does not take any responsibility whatsoever for any accident/injury sustained by the animal's owner whilst the animal is undergoing massage treatment.
- 9. Equiflexion cannot be held responsible for any loss or damage to vehicles or personal property, howsoever occasioned, whilst on business premises.
- **10.** All equine sports massage therapists operating under Equiflexion have adequate public liability and malpractice insurance cover.