



**KATE NOTTAGE BSc (Hons) ITEC Dip ICAT Dip**

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**EQUINE SPORTS MASSAGE VETERINARY CONSENT FORM**

**THIS SECTION TO BE COMPLETED BY THE HORSE OWNER**

<b>OWNERS NAME</b>	
<b>ADDRESS</b>	
<b>TEL. NO.</b>	
<b>EMAIL</b>	

**HORSE DETAILS**

<b>HORSE NAME</b>		<b>BREED</b>	
<b>AGE</b>		<b>DISCIPLINE</b>	
<b>SEX</b>		<b>UP TO DATE VACCINATIONS</b>	

**I/WE DECLARE THAT I/WE ARE THE LEGAL OWNERS OF THE ABOVE NAMED HORSE AND THAT THE INFORMATION ON THIS FORM IS CORRECT AND THAT I/WE ACCEPT THE TERMS AND CONDITIONS AS STATED ON OUR WEB PAGE "TERMS AND CONDITIONS"**

**SIGNED:**

**DATE:**

**THIS SECTION TO BE COMPLETED BY THE HORSE'S VETERINARY SURGEON**

<b>VETERINARY SURGEON</b>	
<b>PRACTICE ADDRESS</b>	
<b>TEL. NO.</b>	

**COMMENTS ON MEDICAL HISTORY OR MEDICATION DETAILS**

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**DO YOU DECLARE THIS HORSE SUITABLE FOR SPORTS MASSAGE TREATMENT?**

**PLEASE TICK**

**YES**

<input type="checkbox"/>
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**NO**

<input type="checkbox"/>
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**SIGNED:**

**DATE:**