



**VETERINARY CONSENT / REFERRAL FORM**

**Date:**

<b>Client Details</b>	Name	Address and contact number
<b>Horse Details</b>	Name	Age
	Breed	Stabled at
	Relevant History	

**Physiotherapy**

*I consent that this horse attends for a physiotherapy assessment and any such treatment deemed appropriate by the Veterinary Physiotherapist, Bridget Bazell. I understand that, in giving this consent, I am not responsible for any physiotherapy assessment or treatment given or undertaken by Bridget Bazell and also understand that Bridget Bazell may rely upon advice provided by me in relation to this horse. I also am aware that the provision of professional indemnity insurance for Veterinary Physiotherapy treatment is the sole responsibility of Bridget Bazell.*

Veterinary Surgeon \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and address of practice: