**Equine Client Registration and Veterinary Consent or Referral Form**

Please ensure that all sections are completed before emailing to dhphysio@outlook.com prior to your initial appointment. Sections A, B, C and D are to be completed by the owner of the animal. Section E is to be completed by the veterinary surgeon- if required.

SECTION A: CLIENT DETAILS – Person who owns the horse.

|  |  |
| --- | --- |
| Name |  |
| Telephone number |  |
| Email |  |
| Home address |  |
| Yard address (If different to home address) |  |

SECTION B: DETAILS ABOUT THE HORSE

|  |  |
| --- | --- |
| Name |  |
| Breed |  |
| Age |  |
| Sex |  |
| Height |  |

|  |  |
| --- | --- |
| Is your horse insured | Y / N |

|  |
| --- |
| Is your horse involved in any sports or activities? (Please tick all that apply and add any details you feel would be useful to the veterinary physiotherapist)Pleasure riding (Hacking)Dressage ShowjumpingXCEventingEndurance Racing |

|  |
| --- |
| **Please answer the following questions below** |

|  |  |
| --- | --- |
| Has your horse ever been treated before by a veterinary physiotherapist, chiropractor, osteopath, or other veterinary practitioner who is not your vet? If yes, please give details on what they attended for, and what the outcome was below. | **Y / N** |
| Has your horse ever shown signs of aggression, fear or anxiety towards people? | **Y / N** |

|  |
| --- |
| If you answered “yes” to any of questions, please detail below: |
| **Please provide any information regarding past and current medical issues below** |
|  |

SECTION C: VETERINARY PRACTICE DETAILS

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone** |  |
| **Email** |  |
| **Address** |  |

SECTION D: OWNER DECLARATION

I, as the owner, confirm that the information above is accurate to the best of my knowledge. I hereby certify that I give permission for Danielle Hudson to perform an assessment and veterinary physiotherapy treatment on my animal accordingly, which involves record keeping and may require photographs and videos to be taken. I hereby give permission for the veterinary physiotherapist to discuss treatment with my veterinary surgeon and understand that the veterinary physiotherapist may refer my animal back to the veterinary surgeon.

|  |  |
| --- | --- |
| Print name |  |
| Signature  |  |
| Date |  |

**SECTION E: TO BE COMPLETED BY THE VETERINARY SURGEON**

Referral for veterinary physiotherapy treatment has been requested for the above patient, either by the veterinary surgeon or the owner. Danielle Hudson Veterinary Physiotherapy is governed by the National Association of Veterinary Physiotherapists (NAVP) and will fully adhere to Codes of Conduct. Immediate referral back to the veterinary surgeon will occur upon finding any suggestion of underlying injury, disease or pathology. The veterinary surgeon will receive a report following initial assessment, and will be kept updated throughout treatment.

I, the signatory, consent to this animal having a physiotherapy assessment and appropriate treatment. I understand that the provision of professional indemnity insurance for this is the responsibility of Danielle Hudson.

**Please send any relevant medical history to** dhphysio@outlook.com

|  |  |
| --- | --- |
| Print name |  |
| Signature  |  |
| Date |  |