



www.holden-equine.co.uk

[Deborah Holden: ESMT,IAAT,ITEC, Fully insured.](#)
deborahholdenequine@gmail.com Mob 07940108751

Owner Details:

Name: Phone number:
Address: Postcode:

Animal details:

Name Breed Sex Age
Height : Vaccinations:

VETERINARY SURGEON TO COMPLETE THE FOLLOWING PART ONLY

Veterinary surgeon name.....
Practice name and address.....
.....
Phone number Practice stamp

Summary of the animal's injuries or condition etc

.....
.....

Medication details.....

I give my consent for the above animal to receive routine Maintenance sports massage treatment by: Deborah Holden ESMT.

Signature of veterinary surgeon.....Date.....

VETERINARY CONSENT FORM- TERMS AND CONDITIONS

Animals will not be treated without permission from the relevant veterinary surgeon.

Every care will be taken when treating the horse/pony but it is done so entirely at the owner's risk.

Animals with infections or contagious conditions will not be treated.

Deborah Holden reserves the right to refuse treatment to any animal.

Deborah Holden does not take any responsibility what so ever to any accident or injury sustained to any animal/handler/owner/or property, whilst undergoing a treatment.

Deborah Holden cannot be held responsible for any loss/damage to vehicles or personal property whilst on the property. Owners should be present at all times during the horse/ponies treatment and should adequate restraint apparatus.

Deborah Holden will not diagnose an illness or injury as stated by the 1966 Veterinary Health Act.

Owners signature.....Date.....