



Ella Gay BSc (Hons), MSc, MCSP
Veterinary Physiotherapist (ACPAT Category A)
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VETERINARY CONSENT FORM

Date: _____ Please return by: _____

Owner's Details

Name: _____

Address: _____

Telephone: _____

Horse Details

Name: _____

Stabled at: _____

Relevant Past Medical History (please state if applicable) _____

Physiotherapy

I consent that this horse attends for a physiotherapy assessment and any such treatment deemed appropriate by the Veterinary Physiotherapist, Ella Gay. I understand that, in giving this consent, I am not responsible for any physiotherapy assessment or treatment given or undertaken by Ella Gay and also understand that Ella Gay may rely upon representations, 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 Ella Gay.

Veterinary Surgeon _____

Signature: _____ Date: _____

Name and address of practice: _____