

Helen Thornton Equine Sports Therapy & PEMF

ITEC Dip ESMA HND Eq Sc ECBS Cert.Eq Adj MIPTI

Moor Stables - The Moor - Snitterby -

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Registered Member of the International Association of Animal Therapists

The Owner should complete Sections (a) & (b) and then pass this form to their Veterinary Surgeon, with a polite request for their Vet to complete Section (c) and return the fully completed form to the owner. The owner is requested to bring the fully completed form with them to their first EST consultation.

Section (a) – Details of the Owner									
Name:									
Address:								Post Code	
Mobile :								Tel. Home	
Email:									
Section (b) – Details of the Horse									
Name:									
Age:					Date of Birth:	Pate of Birth:		Sex:	
Breed:								Colour:	
Insured?	Yes	/ N	lo	Insurance Co):		Date o	of last vaccination:	
Section (c) – Veterinary Surgeon									
Practice: Name & Ad							Equil & PE	n Thornton (t/a ne Sports Therapy MF) is insured by ialist Insurance	
Teleph							Brok	ers Balens.	
Ema	n						& PE	ne Sports Therapy MF always refers to a vet if a horse	
Brief medic	cal histor	y						atter com	ires veterinary ntion, in pliance with The rinary Act 1966.
Veterinary Surgeon's Declaration: In my opinion, the above detailed h o r s e is in a suitable state of									
health to undergo Equine Sports Therapy/PEMF treatment.									
Vet's sig	nature						Date		
Vet's name	e (print)	:							