



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: | | Sex: | |
| Breed: | | | | Colour: | |
| Insured? | Yes / No | Insurance Co: | | Date of last vaccination: | |
| Section (c) – Veterinary Surgeon | | | | | |
| Practice: Name & Address | | | | | |
| Telephone: | | | | | |
| Email | | | | | |
| Current medication | | | | | |
| Brief medical history | | | | | |
| Veterinary Surgeon's Declaration: In my opinion, the above detailed horse is in a suitable state of health to undergo Equine Sports Therapy musculoskeletal treatment | | | | | |
| Vet's signature | | | Date | | |
| Vet's name (print): | | | | | |