



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?	<b>Yes / No</b>	Insurance Co:	Date of last vaccination:

### Section (c) – Veterinary Surgeon

Practice: Name & Address		<p>Helen Thornton (t/a Equine Sports Therapy/EST) is insured by specialist insurance brokers <b>Balens</b>.</p> <p>EST always refers back to a vet if a horse requires veterinary attention, in compliance with <b>The Veterinary Act 1966</b></p>
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 Veterinary Physical Therapy

Vet's signature		Date	
Vet's name (print):			