

EQUINE OSTEOPATHY – CONSENT FORM

www.3haresclinic.com

This form must be completed before any Osteopathic treatment can be given to your horse. Failure to provide this form at your first appointment will mean that no treatment can go ahead.

OWNER'S NAME

Address

Phone number

HORSE'S NAME

Address (stables)

Phone number

Age of Horse..... Gender..... Breed.....

I am the owner of the a fore mentioned animal and wish to have Osteopathic treatment from Tom Austen (BSc Hons, B.Ost) Registered Osteopath.

After consultation with my Veterinary Surgeon, permission has been granted for the Osteopath to examine/treat, as appropriate, the named animal.

I have contacted Veterinary Surgeon and confirm that I have complied with the above requirements.

Signed: (owner) Date:

Owners are required to settle all fees on the day of treatment. Where treatment is covered by insurance, it is the responsibility of the owner to claim fees directly from their insurance company. It is the owner's responsibility to ensure that their cover is appropriate.

Please return to: 3 Hares Clinic, The Old Rectory, St Marys Hill, Chester. CH12DW, or give the completed form to your Osteopath on the day of treatment.

Please address any queries to info@3haresclinic.com or call 07718905143.