

The Velvet Touch Equine & Canine Holistic Remedial Muscular Therapy/ Sports Massage Therapy - LED Light Therapy & Nutritional Support 07900276700

Vet Consent Form

Giving your horse the freedom to move

Owner's name:		
Address/Tel no:		
Horse's name:	Age:	Sex:
Colour:	Height:	Weight:
Vaccinations:		
	N SHOULD BE COMPLETED BY TH	IE HORSE'S VETERINARY SURGEON
Veterinary Surgeon:		
Practice Address:		Practice Stamp:
Telephone:		
SUMMARY OF THE HOR	SE'S INJURIES OR CONDITION, ARE ACCOUNT E	AS OF CAUTION, COMMENTS TO BE TAKEN INTO
Medication Details:		
I give my consent for the al	pove named animal to receive mass	age treatments.
Signature (vet):		Date:
/WE DECLARE THAT I/WE ARE		NAMED ABOVE AND THAT ALL THE INFORMATION Y ACCPET THE EQUIFLEXION TERMS AND CONDITION



Giving your horse the freedom to move

Terms & Conditions

- 1. Animals will not be treated without the prior authorisation of their veterinary surgeon.
- 2. Whilst every care is taken of the animal undergoing treatment, it is done entirely at their owner's risk.
- 3. Animals with infections or contagious conditions will not be treated.
- 4. Owners are required to notify The Velvet Touch if, during a course of treatments, the animal's injury or condition worsens, or if the veterinary surgeon advises that treatment is stopped or suspended.
- 5. The Velvet Touch reserves the right to refuse treatment to any animal.
- 6. Owners are requested to provide adequate restraint apparatus and to be present at all times during the animal's treatment session.
- 7. The Velvet Touch is insured with Towergate Professional Liability
- 8. The Velvet Touch does not take any responsibility whatsoever for any accident/ injury sustained by the animal's owner whilst the animal is undergoing massage treatment.
- 9. The Velvet Touch cannot be held responsible for any loss or damage to vehicles or personal property, howsoever occasioned, whilst on business premises.