



## Veterinary Consent Form

**Ellis Equine Performance Massage**  
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Horse Name:  
Age:  
Sex:  
Breed:  
Address:

Owner:  
Phone Number:  
Email:

Insurance Company:

Vet Practice name:  
Vet practice address:

Phone number:  
Referring vet name:  
Case history (current problem and/or any pre-existing conditions):

Current medications/ongoing treatments:

Specific referral requirements:

Any other useful information:

I, as the above horse's owner, confirm that veterinary approval has been gained by \_\_\_\_\_ veterinarian for my horse to be treated by the therapist at Ellis Equine Performance Massage.

Signed (Owner) \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_