



Veterinary Consent Form

Therapist: Marianne Belshaw BSc (Hons) Equine Science, Cert Equine Sports and Rehabilitation Massage Therapist.

Registration: International Association of Animal Massage and Bodywork (IAAMB).

Insurance: Balens Insurance - Fully Insured for Equine Massage.

Mobile: 07956696012

Email: mbequinemassageworks@gmail.com

Client Details

Name:

Address:

Postcode:

Telephone Number:

Horse to be treated:

Name:

Age:

Breed:

Sex:

Veterinary Surgeon:

Practice address:

Practice telephone number:

I give my consent for the above named horse to receive massage treatments.

Signature _____ **Date:** _____

(Veterinary Surgeon)