



ANIMAL OSTEOPATHY - CONSENT FORM

TO THE ANIMAL OWNER - please complete this section

HORSE/DOG'S NAME

OWNER'S NAME

I am the owner of the above animal and wish it to have osteopathic/massage treatment from (please circle)

x Adam Tlistone DO - Registered Osteopath x Michael Parr BSc HonsOst Registered Osteopath
x Zoe Sherlock MSC in Animal Manipulation x Natalie Harrison BSc Honours in Equine

After consultation with my Veterinary Surgeon, he/she has given me permission for the designated Osteopath/Physiotherapist to examine/treat, as appropriate, the above named animal.

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

Signed (owner) Date

TO THE VETERINARY SURGEON - please complete this section.

After consultation I confirm that, in my opinion, Osteopathy or Physiotherapy will provide suitable treatment for the above named animal.

Signed (vet) Date

Please return to - WeaverHouse Equine Ltd, 126 Hospital Street, Nantwich, Cheshire, CW5 5RY

If you are claiming treatment costs from an insurance company, it is important that you should contact your particular company to establish whether the above treatments are covered and what conditions apply.

Owners are required to settle all fees on day of treatment. Where treatment is covered by insurance, it is the responsibility of the owner to claim fees directly from the insurance company. It is the owners responsibility to ensure that their cover is appropriate. Whilst we are always prepared to discuss insurance matters, it is on the basis that we have no special expertise in this field. Our knowledge is based purely on the experience of previous claims.