

**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/physiotherapy treatment from (please circle)**

**x Adam Tlistone DO - Registered Osteopath**

**x Garreth Wagg – Registered Osteopath**

**x Grace Newman- Registered Osteopath**

**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.*