



Andy Simpson
 5 Junction Road
 Mildenhall
 Bury St Edmunds Suffolk
 IP28 7BZ
 Tel: **07884 496358**

Rehabilitation-Relaxation-Sports Therapy

OWNER

ADDRESS:

PHONE:

MOBILE:

EMAIL:

HORSES DETAILS

NAME	BREED	SEX
D.O.B:	COLOUR	

I declare that I am the legal owner of the above horse named and that all information presented is correct to the best of my knowledge. I give consent for my horse to be treated by Andy Simpson of Hands 4 Horses.

Owner Signature:

Print Name:

Date:

VETERINARY SURGEON DETAILS

NAME:	
PRACTICE ADDRESS	
TEL:	PRACTICE STAMP

YOUR VET MUST COMPLETE THIS AREA BELOW ALONG WITH A SIGNATURE

Reason for approach, treatment, areas of concern	
Is the horse medicated? If yes, what:	
In your opinion is the horse named above in a suitable state of health to undergo Massage Therapy? Yes/No*	
SIGNATURE OF VETERIANRIAN:	DATE:

*Delete as applicable

NB: Please attach further note for medical history if necessary.
 Should you have any queries, please call the number above and speak to Andy Simpson

Andy Simpson of Hands 4 Horses acknowledges and respects the Veterinary Surgeons Act 1966 and Exemption Order 1962 by never working upon an animal without gaining prior veterinary approval.

