

Equine Client Registration and Veterinary Consent or Referral Form

Please ensure that all sections are completed before emailing to reflexionsvetphysio@gmail.com prior to your initial appointment.

Sections A, B, C and D are to be completed by the owner of the animal.

Section E is to be completed by the veterinary surgeon.

SECTION A: CLIENT DETAILS – Person who owns the horse.

Name	
Mobile Telephone	
Email	
Home Address	
Yard Address (if different to home address)	

SECTION B: DETAILS ABOUT THE HORSE

Name	
Breed	
Age	
DOB (if known)	
Sex	
Height	

Colour		
Is your horse insured?	Y	N
Date of most recent vet check		
Date of most recent teeth check		
Date of most recent saddle check		
Date of most recent farrier visit		
Is your horse involved in any sports or activities? (Please tick all that apply and add any details you feel would be useful to the veterinary physiotherapist)		
Pleasure riding (e.g. hacking)	<input type="checkbox"/>	
Dressage	<input type="checkbox"/>	
Showjumping	<input type="checkbox"/>	
XC	<input type="checkbox"/>	
Other (please specify)		
Please answer the following questions		
1. Has your horse ever been treated before by a veterinary physiotherapist, chiropractor, osteopath, or other veterinary practitioner who is not your vet? If yes, please give details on what they attended for, and what the outcome was below.	Y	N
2. Has your horse ever shown signs of aggression, fear or anxiety towards people?	Y	N
3. Is there anywhere your horse is sensitive or does not like to be touched?	Y	N
4. Does your horse have any skin complaints?	Y	N

If you answered "yes" to any of questions 2-4, please detail below

If you answered "yes" to any of questions 2-4, please detail below		
5. Is your horse on any medically prescribed medication from the vet? If yes, please give details below.	Y	I N
6. Is your horse on any supplements? (For example, Yumove) If yes, please give details below.	Y	I N
7. Does your horse exhibit any gait or behavioural signs either on the ground or during work (generally or in certain movements) that concern you or that you feel the veterinary physiotherapy should be aware of? If yes, please give details below.	Y	I N
8. Is there anything else you feel that we should know about your horse which may affect their veterinary physiotherapy session? If yes, please give details below.	Y	I N

Hannah Gill BSc (Hons) PgDip Vet Phys

MNAVP | AHPR Registered

Insurance: BALENS ZUR-BAP/21/01/108



Veterinary Physiotherapy

Any Relevant Medical History

--

SECTION C: Veterinary Practice Details

Veterinary Practice Name	
Practice Telephone	
Practice Email	
Practice Address	

SECTION D: OWNER DECLARATION

Referral for veterinary physiotherapy treatment has been requested for the above patient, either by yourself, or your veterinary surgeon.

I, as the owner, confirm that information above is accurate to the best of my knowledge.

I certify that I give consent for Hannah Gill of Reflexions Veterinary Physiotherapy to perform an assessment and provide treatment to my animal accordingly; which may involve taking photos and videos.

I understand that all findings, treatments and progress will be discussed with my veterinary surgeon, and that my animal may be referred back to my veterinary surgeon should their condition change.

Signature	
Print Name	
Date	

SECTION E: To be completed by the veterinary surgeon

Referral for veterinary physiotherapy treatment has been requested for the above patient, either by the veterinary surgeon or the owner.

Reflexions Veterinary Physiotherapy is governed by the National Association of Veterinary Physiotherapists (NAVP) and Animal Health Professions' Register (AHPR) and will fully adhere to Codes of Conduct. Immediate referral back to the veterinary surgeon will occur upon finding any suggestion of underlying injury, disease or pathology. The veterinary surgeon will receive a report following initial assessment, and will be kept updated throughout treatment.

I, the signatory, understand that I am not responsible for any assessment or treatment carried out by Reflexions Veterinary Physiotherapy, and that the animal may be referred back to the practice by the veterinary physiotherapist.

I give consent for Hannah Gill of Reflexions Veterinary Physiotherapy to perform veterinary physiotherapy assessment and carry out treatment as appropriate.

Please send any relevant medical history to reflexionsvetphysio@gmail.com

Signature	
Print Name	
Date	

SECTION F: To be completed by Reflexions Veterinary Physiotherapy

Discussion held with the veterinary surgeon regarding the patient above and any relevant medical history obtained:

Y | N

Signature	
Print Name	
Date	