**VETERINARY CONSENT FOR MASSAGE THERAPY**

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| **THERAPIST DECLARATION** |
| By signing hereto, I confirm that I hold appropriate insurance required for equine massage/manual therapy |
| **Name KATE THORNTON** | **Telephone Number 07765572606** |
| **Signature**  | **Date**  |
| **HORSE & OWNER INFORMATION** |
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| **Horse Name** | **Breed** |
| **Age****Sex** | **Stabled at:** |

I/we declare that I/we are the legal owners of the horse named above and consent to it being massaged and that the information shown in this form is correct. Also that we have contacted the horse’s Veterinarian to discuss it being massaged and confirm that massage has been authorised to proceed and that there are no illnesses, conditions or other contra indications present that would render the horse not suitable for massage treatments |
| **Horse Owner Name:**  | **Telephone Number** |
| **Owner Signature**  | **Date** |
| **YOUR VET MUST COMPLETE THE FOLLOWING INFORMATION****Areas of concern/information regarding specific or suspected illness/injury or special instructions** |
| **Has the horse been prescribed/is the horse currently on any medication? (please specify which)** |  |
| **Veterinary Surgeon Name** |
| **If you would like a copy of the therapy report, please include your email address** |  |
| **I confirm that I see no reason why the above-named horse should not receive equine massage therapyVet Signature / Practice Stamp (if applicable)****Date** |

**TERMS AND CONDITIONS OF EQUINE MANUAL THERAPY**

1. I have received theory and practical training to Level 5 in Equine Integrative Support Therapies as an Advanced Practitioner. I also hold CPD certificates in Bit & Bridle Assessment and Equine Emergency First Aid. Care and attention of the horse’s welfare – any physical condition, emotional wellbeing - will be shown at all times during the massage sessions and full compliance with the Animal Welfare Policy supplied to me during my training.
2. The owner must notify me of any conditions the horse may be suffering from that could affect the massage and horses with infectious or contagious conditions will not be massaged. If the premises are under the threat of any contagious condition such as strangles, equine herpes, equine influenza, ringworm, then I will not be able to perform any massage until results of any tests are known and confirmed as clear.
3. If, during therapy, I deem that the horse requires Veterinary referral for investigations/diagnostics then the horse owner will be informed.
4. By signing this documentation, the owner is confirming that they give permission for equine manual/massage therapy.
5. I will not carry out, or attempt to carry out any techniques which are beyond my scope of training. I will always work in accordance with the Veterinary Surgeon’s Act, 1966
6. I will not use any photos or footage of your horse(s) or premises either online, or in hard copy, without your express consent (see consent cover)
7. Any findings during massage will be treated confidentially and only discussed between myself, the horse’s owner and with their consent, the horse’s vet.
8. I confirm that I hold appropriate professional insurance cover for my business activities (policy certificate may be viewed on request)
9. Equine Massage Therapy does not replace Veterinary care, and as such, I am unable to specifically diagnose. If manual therapy does not help your horse, veterinary care is advised.
10. If your horse is injured or develops an illness in between booking and the date of the session, please inform me as soon as possible. I may still be able to attend, depending on the nature of the issue. Vet consent may be required or the illness/injury may mean that massage would be contraindicated.
11. If you need to cancel your appointment, please let me know at least 48 hours prior, in order that I may be able to re-book the slot. As a small business, last minute cancellations can have a significant impact, and you may still be charged a proportion of the appointment fee (with exception of emergency situations beyond your control).

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