



Aimee Hailstone BSc. Dip ICAT Equine Sports Massage

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<u>Owner details</u>		
Name:		
Address:		
Postcode		
<u>Animal Detail</u>		
Name:		
Colour:	Height:	Sex:
DOB:	Weight:	Vaccination:
*****THIS SECTION SHOULD BE COMPLETED BY ANIMALS' VETERINARY SURGEON*****		
Name of Veterinary Surgeon:		
Practice Address:		Practice Stamp:
Telephone Number:		
PLEASE GIVE A SUMMARY OF ANY INJURIES OR CONDITIONS OF CONCERN:		
Medication Details:		
DECLARATION: I GIVE MY CONSENT FOR THE ABOVE ANIMAL TO RECEIVE MASSAGE TREATMENTS:		
Signed (Veterinary Surgeon)		Date:
DECLARATION: I/WE DECLARE THAT I/WE ARE THE LEGAL OWNERS OF THE ANIMAL NAMED ABOVE AND THAT ALL THE INFORMATION SHOWS ON THIS FORM IS CORRECT. FURTHER I/WE HAVE READ AND FULLY ACCEPT THE ICAT TERMS AND CONDITIONS PRINTED OVERLEAF.		
Signed (Owner)		Date:

Affiliated professional bodies

