

Veterinarian Referral

For completion by Veterinarian Only



Veterinarian:

Practice:

Horse:

Owner:

Date:

Reason for Treatment: (Please state if vet. reports are attached, recommendations/timescales, preferred actions, medications used, and any other information which may be relevant)

Horse Owners Please Note:

Veterinarians are responsible for the diagnosis and prescription of treatment following clinical examination. Horsepower will not diagnose or make attempts to diagnose a horse's condition. The treatments offered by Horsepower practitioners are NOT substitute for veterinary care.

Horsepower operates in accordance with The Veterinary Surgeons Act 1966. If the horse is lame/exhibiting significant gait abnormality (without prior acknowledgement from the veterinarian) the session will not go ahead, and you will be referred to your veterinarian.

I have made known any medical history which may impact or influence equine body work/rehabilitation planning.

I have disclosed medications which may mask or change a horse's behavior or pain tolerance.

In my opinion the detailed horse is in a suitable state of health to undergo equine sports therapy.

Please Sign:

Print:

Date: __/__/____

Is the horse insured YES/NO – (If Yes, please state insurance co.):