



EQUINE SPORTS MASSAGE

VETERINARY CONSENT

Please return to Emma Brocklesby-Brown E-mail emma@bbetequine.com or contact 07766257322

Owner details

Name:
Address:
Postcode:

Animal details

Name:	Breed:
Colour:	Sex:
D.O.B.	Vaccinations:
I declare that I am the legal owner of the animal named above and that all the information shown on this form is correct. Further, I have read, understood and fully accept the ICAT terms and conditions printed overleaf.	
Signature: (owner)	

THIS SECTION SHOULD BE COMPLETED BY ANIMALS VETERINARY SURGEON

Veterinary Surgeon:		
Practice Address:		Practice Stamp
Telephone No:		
SUMMARY OF THE ANIMAL'S INJURY OR CONDITION, AREAS OF CAUTION, COMMENTS, ETC		
Medication Details:		
I give my consent for the above named animal to receive massage treatments,		
Signature: (Veterinary Surgeon)		Date:

BBET IS QUALIFIED, INSURED AND REGULATED



TERMS AND CONDITIONS

1, UNDER NO CIRCUMSTANCES WILL ANIMALS BE TREATED BY B.B.E.T WITHOUT AUTHORISATION FROM **THEIR** VETERINARY SURGEON

2, WHILST EVERY CARE IS TAKEN OF THE EQUINE AND THE HANDLER WHILST UNDERGOING TREATMENT, THE TREATMENT IS UNDERTAKEN ENTIRELY AT THE OWNERS RISK.

3, HORSES WITH AN INFECTECTIOUS OR CONTAGIOUS CONDITION WILL NOT BE TREATED.

4, OWNERS/HANDLERS MUST NOTIFY B.B.E.T, IF VETERINARY CONSENT IS WITHDRAWN AT ANY POINT DURING TREATMENTS.

5, OWNERS/HANDLERS ARE REQUIRED TO BE PRESENT **THROUGHOUT** THE TREATMENT, THEY MUST BE WEARING APPROPRIATE CLOTHING AND THE HORSE ADEQUATELY RESTRAINED.

6, B.B.E.T DOES NOT TAKE RESPONSIBILITY WHATSOEVER FOR ANY ACCIDENT INJURY SUSTAINED BY EQUINES HANDLER, DURING ANY TREATMENT.

OWNER /HANDLER SIGNATURE

DATE

Please return to Emma Brocklesby-Brown

E-mail emma@bbetequine.com or retain until massage is conducted.