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***Suzannah Povey-White***
EQUINE PHYSIOTHERPIST
pwequinephysio@gmail.com
07841 025420
01403 230406

To:

Date:

I have been contacted by one of your clients requesting physiotherapy treatment for their animal/s. In accordance with the Veterinary Surgery (Exemptions) order 1962, I am seeking your permission to treat this animal/s.

I would be grateful if a Veterinary Surgeon could complete this form and fax/email it back to me on/at pwequinephysio@gmail.com or fax: 01403 230406

If you wish to discuss the cases, please contact me on 07841 025420. Treatment reports are available on request if required.

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| Client:  | Animal Name:  |
| Address:  | Species: Equine |
| Gender:  | Age: |
| Reason for request:  |
| Provisional date for treatment start:  |

Veterinarian Name:

Signature:

Date: