******

***Suzannah Povey-White***  
EQUINE PHYSIOTHERPIST  
[pwequinephysio@gmail.com](mailto: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](mailto: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.

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

Veterinarian Name:

Signature:

Date: