



For appointments please ring 07830137986 or email [contact@equinetendonclinic.com](mailto:contact@equinetendonclinic.com)

## Veterinary Referral and Client Registration Form

Please complete **section A and B** and then pass this form to your Veterinary Surgeon, kindly requesting that **Section B** be completed and faxed to **01795534113**, or returned to the owner to bring with them to the Centre on their first appointment.

**Section A – Owners Details** (Please read the attached Terms of Business and sign your agreement below)

|                                 |                      |
|---------------------------------|----------------------|
| Name: .....                     |                      |
| Address: .....                  |                      |
| .....                           | Post Code: .....     |
| Contact Telephone Number: ..... | Email Address: ..... |
| Owner's Signature: .....        | Date: .....          |

## **Section B - Details of Horse**

|                        |                                     |
|------------------------|-------------------------------------|
| Name: .....            | Insured: Y N (Please circle status) |
| Breed: .....           | Insurance Company: .....            |
| Sex: .....             | DOB: .....                          |
| Stabled Address: ..... |                                     |
| .....                  |                                     |

## **Section C – Veterinary Practice**

|  |                                       |
|--|---------------------------------------|
| Veterinary Surgeon:.....                 | Brief Medical History of Horse: ..... |
| Practice Address: .....                  | .....                                 |
| .....                                    | .....                                 |
| Post Code: .....                         | .....                                 |
| Telephone: .....                         | .....                                 |
| Details of any Current Medication: ..... | .....                                 |
| .....                                    | .....                                 |
| .....                                    | .....                                 |

|   |               |
|---|---------------|
| <b>Veterinary Surgeon's Declaration:</b>  |               |
| In my opinion, the above details animal is in a suitable state of health to undergo Veterinary Physiotherapy. |               |
| Name: .....   | Signed: ..... |
| Declaration Dated: .....  |               |



## **Terms of Business**

1. All horses treated require a Veterinary Referral. Please use and complete the above Veterinary Referral and Client Registration Form and have it faxed to Equine Tendon and Rehabilitation Clinic (ETRC) on 01795 534113 prior to your appointment or bring it with you to your first appointment.
2. Payments (cheque or cash) are due on the day of the session or in advance for a course of sessions. Cheques are to be made payable to "Equine Tendon and Rehabilitation Clinic" and a receipted invoice will be supplied.
3. We accept that, on occasions, booked sessions may have to be cancelled by owners. Please give us 24 hours notice of any cancellation or changes in your horse's appointment time. This will allow us time to fill your space. Late cancellations are subject to a charge, missed appointments will incur a full charge.
4. ETRC will make all efforts to contact owners if an appointment needs to be changed or cancelled, but will not accept liability for loss or damages.