

Referral *for Osteopathic Consultation*

To (Vets name): _____

At (Veterinary practice and address): _____

A client of yours named: _____

Address: _____

With a horse called: _____ Age: _____

Kept at: _____

has contacted me requesting a consultation to assess and, if appropriate, provide osteopathic treatment to this horse which presents with (short description of problem):

I would be grateful if you could confirm your permission to assess, and if appropriate, treat this horse by signing this form, or referring by letter.

A report will be sent to you following the consultation.

If you are able to help by sending details of any previous history of problems and veterinary care received, I would be very grateful.

I give permission for the above mentioned horse to be assessed and treated.

Veterinary Surgeon _____
(Please print name)

Signature: _____ **Date:** _____

Correspondence
address:

Horse Ost
Harmony 29
Alstone Croft
Cheltenham
Glos. GL51 8HB

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M 07831 759339

E zooostltd@blueyonder.co.uk
www.horseost.co.uk

**If you would like to meet
or discuss this further
please contact me
Thank you**

Tony Nevin BSc (Hons) Ost, D.O.
Osteopath