

## Referral *for Osteopathic Consultation*

Correspondence  
address:

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

T 01242 221153  
M 07831 759339

E [tonynevin888@gmail.com](mailto:tonynevin888@gmail.com)  
[www.horseost.co.uk](http://www.horseost.co.uk)

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:** \_\_\_\_\_

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