Equine Rehabilitation Veterinary Referral Form

Referring veterinary surgeon:

Practice name and address:

Contact phone number:

Email:

Client name:

Client address:

Client phone number:

Patient name, age, gender, breed:

Microchip number:

I hereby certify my approval for this client/horse to be referred to Horse Behaviour Vet Nicola Mason BSc(Hons)MRVCS: Y / N

I have permission to share the information in this form: Y / N

Signature:

Date:

Please note that as the clients primary veterinary surgeon you will still be responsible for provision of all veterinary care and treatment. If during my consultation I think there is any physical issues I will refer the case back to you for further investigations.

Thankyou for agreeing to refer this case.

Please email the form back to nicolamason@horsebehaviourvet.com with the patients medical history.