



EQUINE BODYWORKS
BY MARY SARGEANT
07528431922

VETERINARY CONSENT FORM

VETS NAME			
VETERINARY PRACTICE			
CONTACT NUMBER			
SIGNED		DATE	

CLIENTS NAME			
HORSE NAME	AGE		M/G/S
YARD ADDRESS			
CONTACT NUMBER			

I would like my horse/s to receive musculoskeletal therapy from Equine Bodyworks By Mary Sargeant. In accordance with the Veterinary Act, she may require veterinary consent prior to any session, please could you complete and sign confirming the session may be given

This form can be forwarded direct to Mary Sargeant at

equinebodyworks@outlook.com

Mary Sargeant MMCP IAAT
Masterson Method Practitioner
Myo-Fascial Therapist
Level 3 Equine Touch Therapist
Fully Insured by Balens
Member of IAAT