INFORMED CONSENT FORM - EQUINE

Owner Name and Surname		
Date of Birth		
Occupation		
Cell		
Email		
Address		
Country	Town	Area / Postal Code

Do you have any of the following ?

Pacemaker	No	Yes	Internal Defibrillater	No	Yes
Insulin Pump	No	Yes	Are you Pregnant	No	Yes

Horses Registered Name
Horses Nickname
Stableyard
Breed
Date of Birth

Dis-eases / Emotional / Physical Challenges ?

Priority concern:

Equine Event Modality

Show Jumping	No	Yes	Dressage	No	Yes	Polo	No	Yes	Western Riding	No	Yes
Eventing	No	Yes	Racing	No	Yes	Hunting	No	Yes	Other	No	Yes

Any Operations / Medication or Herbal Supplements

I understand that the practitioner does not claim to cure or diagnose any medical conditions. Their opinion it that of a holistic, complimentary and alternative therapist, and their professional opinions, advice, examinations are recommendations do NOT substitute medical advice of a Vet.

The information in these sessions will be handled in a confidential manner. The personal growth support i receive will be based on ethical values and principles.

I take full responsibility for any decisions, choices and actions i make in conjunction with the personal growth support I and my horse receive, therefore absolve my facilitator from all liability,

I have read and understood the above.

Signature ..... Date .....