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Referral for Osteopathic Consultation

To (Vets Name):

At (Veterinary Practice):

A client of yours named

Address:

With a horse/dog called Age

Kept at

has contacted me requesting a consultation to assess and, if appropriate, provide osteopathic treatment to this dog/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/dog 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.

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

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

Veterinary Surgeon (please print name)

Signature: **Date:**