## **GRACIE EXLER**

**Animal Massage Therapist** 

Email: gexmassagetherapy@gmail.com

Telephone: 07701 367583

Address: 21 Lime Close, Crawley, West Sussex, RH11 7NN

VETERINARIAN SIGNATURE :



DATE:

VETERINARY CONSENT FORM		
CLIENT DETAILS		
NAME:		
CONTACT NUMBER:		
EMAIL:		
ADDRESS:		
PATIENT DETAILS		
NAME:	BREED:	
SEX: A	iE: HEIGHT:	
	of the horse named above and I have provided correct	
information about the horse to the best of my knowledge. I give consent that Gracie Exler from GEX Animal Massage Therapy can apply treatment to my horse.		
DWNER SIGNATURE:	PRINT NAME:	
VETERINARIAN DETAILS (Your vet must complete this section and provide a signature)		
VETEDINIADV CUDCEON NIABAT.		
VETERINART SURGEON NAME:		
	EMAIL:	
CONTACT NUMBER:		
CONTACT NUMBER:	EMAIL:	
PRACTICE ADDRESS:	EMAIL:	
PRACTICE ADDRESS:  VETERINARIAN COMMENT SE	EMAIL:	ncern etc)