

AquaStride Treadmill



Landford Common Stud
Landford
Salisbury
Wiltshire
SP5 2AZ
aquastridetreadmill@gmail.com
07776 956 688

Veterinary Referral Form

****To be completed by Owner and Veterinarian prior to appointment. ****

Owner Details: Name:..... Address:..... Telephone:..... Email:.....	Horse Details: Name:..... Breed:.....Age..... I (Owner) give consent for my vet to be contacted and speak to staff at AquaStride treadmill with regards to my horses rehabilitation and disclose relevant clinical history. I understand staff have the right to refuse use of the treadmill and refer back to the vet in the presence of undiagnosed lameness/pain. SignedDate.....
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Below to be completed by Veterinarian

Veterinary Practice:.....
Address:.....
Vet:..... Contact No.:.....
E-mail address:.....
Reason for referral:.....
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Are there any recommended protocols: No. Yes.....
I consent for this horse to use the AquaStride treadmill at the current stage in treatment/rehabilitation.
Signed..... Date.....