**

**Well Balanced Animals**

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| **Tellington TTouch Training® Referral Form**  |
| ***Section A: To be completed by the owner***Name: ………………………………………………………………………………………………………………………………………………………….…. Address: …………………………………………………………………………………………………………………………………………………………Postcode: ………………………………………………………………………………………………Telephone:………………………………………………………………… e-mail: ………………………………………………………………………… |
| ***Horse’s details***Name: ………………………………………………………………………………………………. Insured: Yes / NoBreed:……………………………………………………………………………………………….. Name of insurance companyAge: …………………………………………………………… …………………………………………………………. Sex: …………………………………………………….…….. castrated: Yes / No  |
| ***Client declaration***I declare that I am the legal owner of the horse named and the information shown on this form is correct.Signature: ………………………………………………………………………………………………. Date: …………………………………………………………  |

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| **Referring Veterinary Surgeon** To be completed by the veterinarianName:…………………………………………………………………………………….Practice Address: ……………………………………………………………………………………………………………………………………………………Postcode:……………………………………..Telephone: ……………………………………………………… E-mail:………………………………………………………………………………………..  |
| Details of medical condition/reason for referral: ……………………………….………………………………………………………… …………………………………………………………………………………………………………………………………………………………………………………....Special instructions/precautions: ……………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………..Current medication details: …………………………………………………………………………………………………………………………………..Please include the horse’s medical history when returning this form. Period of treatment time before this referral must be renewed: 6 months [ ]  12 months [ ]  Only if new condition [ ]   |
| **Veterinary Surgeon Declaration**In my opinion, the above-named horse is in a suitable state of health and mentation to undergo Tellington TTouch Training®. If you have any queries please do not hesitate to contact Rachel.Sign: ……………………………………………………………………………………………………. Date: …………………………………………….Print name: ………………………………………………………………………………………… |