**NEW CLIENT QUESTIONNAIRE – EQUINE**

Please complete this form as fully as possible and return it via email to nickie@npvetphysio.co.uk prior to your appointment. We will discuss your answers in more detail when carrying out your horse’s initial assessment.

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| **Animal’s Details** |
| **Name:** |  | **Height:** |  | **Breed:** |  |
| **Colour:** |  | **Age:** |  | **Sex:** |  |
| **Owner’s Details** |
| **Name:** |  |
| **Address:** |  |
| **Tel No.:** |  | **Email:** |  |
|  |  |  |  |
| **Animal History / Background Information** |
| **Horse kept at** (address): |  |
| **Please provide details of your veterinary practice** (E.g., name / contact details) |  |
| **Is your horse currently undergoing assessment / review / treatment by your vet?** (Excluding routine appointments such as vaccinations) | Yes / No  |
| **If yes – please provide details** (E.g., timescale, treatment provided / reason for visit)Please note that veterinary consent will need to be obtained before physiotherapy treatment |  |
| **Is your horse currently being given any medications or supplements?** If yes, please provide details |  |
| **Do you have any current concerns about your horse’s health or behaviour?**This may include known injuries, potential areas of discomfort, behaviours on the ground, ridden problems or difficulties etc |  |
| **Please use this space to provide any other details that you feel are relevant** |  |
| I consent to the above-named animal receiving veterinary physiotherapy assessment and treatment by NP Vet Physio, in accordance with the terms and conditions below. |
| I **do / do** **not** *(please delete as appropriate)* consent to the use of photographs/videos containing the above-named animal on NP Vet Physio’s promotional material/platforms (*If incomplete consent will be implied).* |

Terms and Conditions:

* I agree to the processing and storage of personal information and data relating to myself and my above-named animal(s) in accordance with GDPR requirements.
* I agree to NP Vet Physio contacting my veterinary surgery or other professionals regarding my animal’s physiotherapy assessment / treatment as required. Please note that where intended / undertaken this will be communicated verbally to you.
* I agree to pay invoices within the outlined payment periods.
* I agree to provide at least 24 hours’ notice if I need to cancel an appointment and I understand that cancellation charges will be applied if this is not met.