

MEDICAL DECLARATION FORM FOR HORSE AND HANDLER

The following questions must be answered prior to any initial physiotherapy treatment. This ensures the safety of both the horse and handler should any electrotherapies be incorporated into treatment.

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| Do you have a pacemaker? | YES / NO |
| Do you or your horse currently have any form of cancer? | YES / NO |
| Does your horse have sarcoids? | YES / NO |
| Is there any chance you or your horse could be pregnant? | YES / NO |
| Are you currently using any topical medications on your horse? | YES / NO |
| Is your horse currently on any prescribed medication? | YES / NO |
| Has your horse recently had any injections? | YES / NO |
| Has your horse ever had a seizure? | YES / NO |
| Does your horse have a heart condition? | YES / NO |
| Does your horse have any skin conditions? | YES / NO |
| Does your horse currently have any infections present? | YES / NO |

If you answered YES to any of the above, please provide more information:

I can confirm that all of the above information is correct to the best of my knowledge and I will inform my physiotherapist if any of this information changes between treatments.

Signed

Date