



RESTORE EQUINE

Rosemary Gillies, Certified Equine Massage Therapist & PEMF Practitioner

Fully Insured for All Services | Student of Equine Physiotherapy TOCES

Email: rose@restoreequine.com Phone: 07783176286

PART 1: OWNER & HORSE INFORMATION

Owner/Agent Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact & Phone: _____

Horse's Registered Name: _____ Stable _____

Name: _____

Breed: _____ Age: _____ Gender: _____

Color/Markings: _____

Stabled At (Yard Address): _____

Primary Discipline/Use: _____

PART 2: VETERINARY SURGEON DETAILS

In accordance with the Veterinary Surgeons Act, manual therapies and secondary modalities require veterinary referral or consent prior to treatment for all cases except routine maintenance, however ALL horses must have an existing relationship with an attending veterinary surgeon.

Veterinary Practice Name: _____

Attending Veterinary Surgeon: _____

Practice Phone: _____

Practice Email: _____

PART 3: CLINICAL HISTORY & CURRENT STATUS

1. Reason for booking today's session?

(e.g., maintenance, performance drop, rehabilitation)

2. Is the horse currently under veterinary care, lame, or on medication? []

Yes [] No []

If yes, please

specify: _____

3. Date of last veterinary visit, dental work, and saddle fitting:

Vet: _____ Dental: _____ Saddle Fit: _____

4. Please check any modalities you are specifically consenting to or requesting for your horse today (please note that combo sessions may include any number of these modalities as appropriate):

- ☐ Equine Massage / Manual Therapy
- ☐ PEMF (Pulsed Electromagnetic Field) Therapy
- ☐ Kinesiology Taping
- ☐ Acupressure/Photopuncture
- ☐ Photobiomodulation (Red Light / Laser Therapy)

5. Horse's Diet & Supplementation:

6. Horse's turnout, workload & competition schedule:

7. Any other relevant information:

PART 4: LIABILITY RELEASE, WAIVER, & TERMS OF SERVICE

By signing below, I, the undersigned Owner/Agent, agree to the following terms regarding services provided by Rosemary Gillies operating as Restore Equine:

- **Professional Status:** I acknowledge that Rosemary Gillies is a Certified Equine Massage Therapist (CEMT), fully insured for all listed modalities, a student of Equine Physiotherapy.
- **Not a Substitute for Veterinary Medicine:** I understand that equine manual therapies of all kinds, PEMF, kinesiology taping, acupressure, and photobiomodulation are complementary therapies designed to support performance and well-being. They do not replace veterinary diagnosis or medical treatment.
- **Veterinary Act Compliance:** I understand that under the Veterinary Surgeons Act, treatment cannot be administered without the consent or referral of the horse's attending veterinarian unless it is for routine maintenance/wellness purposes. I warrant that appointments requested are purely for routine maintenance and wellness purposes OR the veterinarian named above has given consent for therapy and I will provide the appropriate signed form at least 2 days prior to the appointment.
- **Assumption of Risk:** I recognize that handling and working around horses involves inherent risk of injury to animals, handlers, and practitioners. I assume all risks associated with the application of these complementary therapies.
- **Release of Liability:** I hereby release, waive, and hold harmless Rosemary Gillies, Restore Equine, and any agents or employees from any and all liability, claims, demands, or causes of action arising out of any injury, illness, loss, or damage to the horse, myself, or my property during or after the provision of services, except in cases of proven gross negligence.
- **Cancellation Policy:** I agree to provide a minimum of 24 hours' notice for cancellations, or I may be held liable for the full session fee.

Owner/Agent

Printed Name: _____

Owner/Agent

Signature: _____ **Date:** _____

PART 5: VETERINARY REFERRAL & CONSENT FORM

To be completed by the Attending Veterinary Surgeon

Patient (Horse)

Name: _____

Owner

Name: _____

Dear Veterinary Surgeon,

This patient has been put forward for complementary therapy with Restore Equine. In compliance with the Veterinary Surgeons Act, I request your permission/referral to assess and treat this animal using the non-invasive modalities checked below.

Restore Equine is owned and operated by Rosemary Gillies, Certified Equine Massage Therapist & PEMF Practitioner. Insured by Balens Specialist Insurance Brokers. Student of Equine Physiotherapy, TOCES.

Rosemary Gillies can be contacted by phone at 07783176286 and by email at rose@restoreequine.com with any questions regarding qualifications, insurance, or to share information about the patient.

Requested/Consented Modalities:

- ☐ Equine Massage & Manual Therapy
- ☐ PEMF (Pulsed Electromagnetic Field Therapy)
- ☐ Kinesiology Taping
- ☐ Acupressure/Photopuncture
- ☐ Photobiomodulation (Red/Near-Infrared Light Therapy)

Clinical History / Specific Precautions / Areas to Avoid:

Veterinary Declaration:

- I authorize the above-named horse to receive complementary therapy from Rosemary Gillies CEMT (Restore Equine).
- I certify that this animal is under my care and I am satisfied that these complementary therapies are appropriate for this patient.

Veterinary Surgeon

Signature: _____ Date: _____

Printed Name & Post-nominals: _____

