

**ADDITIONAL INFORMATION IN RESPECT OF REMEDIAL FARRIERY,
PHYSIOTHERAPY, OTHER COMPLEMENTARY OR ALTERNATIVE TREATMENT**

Please note any practitioner recommended should carry their own indemnity insurance or be covered by referring veterinary surgeon's insurance.

In order to assist us to consider our mutual clients claim it would help to have further details in respect of the treatment you have recommended and we would be most obliged if you would provide the details as set out below.

Thank you for your assistance:

Client Name: **Broker Ref:**

Address:

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Name of Horse: **Age:**

Condition to be treated:

- 1) Name and address of recommended physiotherapist or practitioner:
- 2) Please state practitioner's recognised qualifications (e.g. AWCF, ACPAT, BAEDT)
- 3) If not qualified why has this particular person been recommended?
- 4) What form of treatment have you recommended? Please be specific:
- 5) How many sessions do you feel are appropriate for the condition?
- 6) What is the specific benefit for the case?
- 7) What other treatment have you considered?
- 8) Will you be conducting a follow up visit in conjunction with the practitioner during or at the end of their treatment of the horse? **YES/NO**
- 9) Do you have any other comment which you feel may assist us to assess the claim?

Signed:

Print Name: **MRCVS** **Date:**

Practice Stamp: