

# Lisa Ives Equine & Canine Osteopathy

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○ Grove House  
Lutyens Close  
Chineham Court  
Basingstoke  
HAMPSHIRE  
RG24 8AG

○ Unit 3 The Courtyard  
Lower Slope End Farm  
Stype  
Hungerford  
RG17 0RE

## Referral for Osteopathic Treatment

To (name of veterinary Surgeon)

Date:

.....  
Clients Name

.....  
Address

.....  
With an (animal type)  
Equine/Canine/Feline.....

.....  
Name

.....  
Has contacted the practice requesting a consultation to assess and, if appropriate, give osteopathic treatment to this animal, which presents with:

.....  
.....  
Lisa Ives would be grateful if you could confirm permission to assess and, if appropriate, to treat this animal by signing and returning this form to the address indicated above either by post or email. If you would like a report or to discuss the case further, she would be happy to do so.

If you are able to help by sending details of any previous history of problems and veterinary care received, I would be very grateful.

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I give permission for the above-mentioned animal to be assessed and treated:

Name of Veterinary Surgeon

..... Sign .....

Date

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