



## **SOCIETY OF OSTEOPATHS FOR ANIMAL PRACTICE**

AWBROOK LODGE, LEWES ROAD, HAYWARDS HEATH, WEST SUSSEX RH17 7TB

### **APPLICATION FOR FULL MEMBERSHIP**

**PLEASE NOTE: YOU MUST BE A FULLY QUALIFIED MEMBER OF THE GENERAL OSTEOPATHIC COUNCIL.**

**PART A: to be completed by all applicants**

**Name:**

**Address:**

**Telephone Business:**

**Mobile:**

**e-mail (Newsletters etc. will be sent by e-mail, where possible):**

**General Osteopathic Council Reg. No:**

**Name of Insurance Company:  
(Please enclose a copy of your  
Insurance Certificate)**

**College from which you graduated:**

**Qualifications:**

**Number of years in osteopathic practice:**

**Previous experience of treating animals:**

**Any specific area of interest within animal practice:**

**How did you hear about SOAP?**

**DECLARATION:**

Upon submitting this application I declare that all the information I have given is true and accurate. I agree to abide by the law as laid down in the 1966 Veterinary Act and the 1993 Osteopathy Act and solemnly swear to uphold the traditions and good name of our profession.

Signature:

Date:

(Although there is no specific charge for membership of the Society, we do ask for an annual donation – subject to review – towards the Society’s overheads)

I enclose a cheque for £25 (payable to ‘SOAP’) as a donation towards to the overheads of the Society.

Please ensure that a copy of your Insurance cover (see over) is enclosed with this application.

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**PART B: only to be completed if you wish to be included on the list**

With the Veterinary Act being reviewed, SOAP has been asked to compile a list of Osteopaths in Animal Practice so Veterinary Surgeons and members of the public can have access to osteopaths treating animals in their area.

If you wish to be included on this list a reference from a Veterinary Surgeon you are working with is required together with a copy of your insurance certificate confirming that you are insured to undertake work on animals.

**REFERENCE - TO BE COMPLETED BY A VETERINARY SURGEON**

I have known (Name) \_\_\_\_\_ for \_\_\_\_\_ years during which time he/she has worked in a legal and ethical manner in applying osteopathic skills to my patients.

Signed:

Print Name:

Address of Veterinary Practice:

Telephone: