



Chiltern Referrals Services
Blueberry Farm
Kingscroft Lane
Warfield
Berkshire
RG42 6JL
01344 891888
www.eliteequineclinic.com

Registration Form

Please Note: Your account will not be considered as opened and approved until this form has been signed and returned to the practice. Please be advised until this time payment in full will be required at the time of each visit/treatment.

Mr/Mrs/Miss/Ms/Dr/Other	MUST BE OVER 16 YEARS OF AGE
Name:	
Address:	
Home:	
Work:	
Mobile:	
Email:	
Invoicing Details (If different from above)	
<u>Horse Details</u>	
Mare/Gelding/Stallion	
Name:	
DOB/Age:	
Height:	
Colour:	
Breed:	
Passport Type:	
Passport Number:	
Microchip Number:	
Insured: Yes/No	
Insurance Company:	
Please confirm if the horse's passport declaration has been signed to state that the horse must not be used for human consumption: Yes/No	
I hereby authorise the use of off label medicines (medicines not licenced for use on horses) e.g. veterinary medicines licenced for other species or human medicines on my horse when required.	

Yard Address:
Yard Telephone (If applicable):
Name & Telephone Number of other person able to authorise treatment on your horse:
We will assume, unless advised in writing, that the yard staff have your authority and are acting in the best interest of the horse and on your behalf.
<p>Has your horse been under treatment with another veterinary surgeon within the last 6 months. Yes/No</p> <p>If Yes details:</p>
<p>Does your horse have any allergies that you know of? Yes/No</p> <p>If Yes details:</p>
<p>Vaccinated: Yes/No</p> <p>Date of last vaccination: Type: Booster/1st/2nd/3rd</p>

<p>Signed (Client) I have read and understand and agree to the terms & conditions and payment terms.</p>	
<p>Please note we may check your details with a credit reference agency</p>	<p>Date:</p>

Additional Horses					
Horse Name	Age	Breed	Colour	Sex	Height