

Rehabilitation Livery Registration Form

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1. Owner Details

- Full Name:
- Address:
- Phone Number:
- Email Address:
- Emergency Contact Name & Number:

2. Horse Details

- Horse Name:
- Breed:
- Age:
- Sex (Mare/Gelding/Stallion):
- Height:
- Colour:
- Microchip Number:
- Passport Number & Issuing Authority:

3. Injury / Reason for Rehabilitation

- Summary of Injury or Condition:
- Date of Diagnosis or Onset:
- Treatment Undertaken to Date:
- Specific Requirements / Rehabilitation Plan:
- Any Restrictions (e.g. turnout, exercise):



In Partnership with...



4. Veterinary Details

- Registered Veterinary Practice Name:
- Vet Contact Name:
- Vet Contact Number:
- Email Address:
- Preferred Emergency Vet (if different):

5. Insurance Details

- Insurance Provider:
- Policy Number:
- Level of Cover (including vet fees):
- Contact Number:
- Claims Contact (if applicable):

6. Medications & Special Instructions

- Current Medication (Name, Dosage, Frequency):
- Feeding Requirements:
- Stabling Preferences or Behavioural Notes:

7. Consent & Agreement

I, the undersigned, confirm that all information provided is accurate to the best of my knowledge. I agree to the terms of rehabilitation livery and give permission for the ELC Animal Therapy based at Highhurst Stud to act in the best interest of my horse, including liaising with veterinary professionals and administering treatments.

Owner Signature: _____ Date: _____

Livery Provider Representative Signature: _____ Date: _____

Please attach a copy of your horse's passport, vaccination record, and insurance documents with this form.