

Title First Name Surname

Address

Telephone
Home Work Mobile

Email

Horse Name Registered Name

Passport Number Microchip Number

Breed

Sex DOB Height Colour

Where the horse is stabled (if different from above)
Address

Vaccination dates
Influenza Tetanus Other

Previous Veterinary Practice

As a courtesy we forward email / text message alerts as reminders for annual vaccination, dental exam and sometimes check-ups. It is however the Owner's responsibility to ensure that their horses are kept up to date with vaccinations before the expiry date.

Please tick the boxes below to tell us the ways you would prefer to hear from us. We will not sell your data, will keep your details secure and will never share them with third parties for marketing purposes. It is sometimes necessary to share your information with partners involved in your horse's treatment, such as equine veterinary hospitals or paraprofessionals. Please indicate below the ways you consent your data be used.

Yes please, I would like to receive communications by email

Yes please, I would like to receive communications by mobile (SMS/text message)

I consent to my contact information and horse's clinical history being passed to my insurance company following the submission of a claim form

I consent to my contact information and horse's clinical history being passed to a referral veterinary hospital involved in my horse's treatment

I consent to my contact information and horse's clinical history being passed to a paraprofessional involved in my horse's care (e.g. farrier, Equine Dental Technician (EDT), physiotherapist, osteopath or chiropractor)

Please indicate if anyone else has your authority to call the vet out to your horse in an emergency. If yes, please give their name and telephone number
Name Telephone Number

- I confirm I am the owner of the horse(s) listed and agree to pay for all the veterinary fees relating to treatment by GVG Brooks Equine Veterinary Practice.
- I am over 18 years old and confirm that by signing this form.
- I have read, understood and agree to the Terms and Conditions (available on request or at www.gvgbrooksequine.co.uk)

Signed Print Name Date

Where did you hear about this Practice (ie advertisement, recommendation and if so, by whom?)