



EQUINE DENTAL & VETERINARY CARE

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REGISTRATION FORM

Horse owner (invoice receiver)

Name: _____

Address: _____

Day of birth: _____

BTW/VAT number: _____

Email: _____

Telephone (Home): _____ Telephone (Cell): _____

Fax: _____

Patient information

Name horse: _____

Day of birth: _____

Breed: _____

Gender: _____

Color: _____

Chipnumber: _____

Address where horse is located: _____

Home Veterinarian: _____

Horse passport present: 0 yes 0 no

Vaccination status (tetanus): _____

Slaughter status in horse passport: 0 Slaughter horse 0 Non Slaughter horse

Location, date

Signature

In case of more horses, please use a separate form per horse adding your name, location, date and signature.

The client agrees on EDVC's General terms and Conditions, which can be found on the back of this document or on www.edvc.nl