

Equine Health Plan Membership Application Form

IVC Evidensia Equine Health Plan administered by Vet Success Limited

Practice Name / Surgery:

YOUR DETAILS:

Please complete the following information in CAPITALS

Title: Mr Mrs Ms Miss Other

First Name:

Surname:

Address:

Postcode:

Telephone: Mobile:

Email address:

How did you hear about our healthcare plan?

[Office use only]
Client reference:

[Office use only]
Staff Member: /

YOUR HORSE'S / HORSES' DETAILS:

Please complete the following information in CAPITALS

If you have more than three horses to join, please ask at reception for another form.

	1st Horse	2nd Horse	3rd Horse
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Species:	Horse	Horse	Horse

[Office use only]

Weight:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly fee:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Horse reference:	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE SIGN HERE

Your practice has terms and conditions of joining the healthcare plan, and separate information which explains what is included when you join.

Please sign to confirm that you have read and understood those terms, and that you would like to join for the benefit of the horse(s) named above.

Your signature:

Date:

Signed on behalf of the practice:

Date: