



Referral form for horses TO BE COMPLETED BY THE REFERRING VETERINARIAN

Policyholder

Customer number _____ Policy number _____
Name _____ Post/bank no. _____
Address _____ Telephone _____
Zip code _____ Fax _____
Town/City _____ E-mail address _____

Details of the horse

Name of horse _____ Breed _____
Sex _____ Parentage _____
Date of birth _____ Studbook number _____
Chip number _____ Colour + markings _____

Receiving treatment since: _____

Case history: _____

Differential examination: _____

Has there been a relapse? No Yes, namely: _____

Therapy applied (including medication and dosage): _____

Question put to the clinic: _____

Consultation concerning the treatment – partly in relation to the prospects – to be carried out by the clinic with: _____
Telephone _____ Date _____

Name of referring veterinarian: _____

Signature of veterinarian, _____ Signature of policyholder, _____

Address of veterinarian _____ Town/City _____
Telephone _____ Fax _____