



Treatment form for horses

Policyholder

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

The undersigned veterinarian

Name _____

declares that he/she has treated, or is still treating, the horse described below.

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

Date of first (disease) symptoms: _____

Case history: _____

Diagnosis: _____

Therapy started: _____

Prognosis: _____

At _____ Date _____

Signature of veterinarian, _____ Signature of policyholder, _____

Address of veterinarian _____ Town/City _____

Telephone number _____ Fax _____