

APPLICATION FOR OVER 20'S PLAN

Please return this form to:

The George Veterinary Group Equine Clinic
High Street
Malmesbury
Wiltshire
SN16 9AU

If you need to contact us please write to us at this address or contact the equine office on 01666 826456 or email us at horse@georgevetgroup.co.uk

Section A: Client Details

Name:

Address:

Telephone no:

Home
Mobile
Work

Postcode:

E-mail address:

Section B: Horse or Pony Details

Name:

Stable Name:

Age:

Date of Birth (if known):

Breed:

Height:

Colour:

Insured: Yes/No (please delete as appropriate)

Insurance Company:

Passport Number:

Date last vaccinated:

Microchip Number:

Name of your usual farrier:

Telephone:

Where is your horse kept:

Is your horse regularly wormed: Yes/No (please delete as appropriate)

Date last wormed:

Type of wormer used:

Do you have your horse's teeth checked regularly?

Yes/No (please delete as appropriate)

By whom:

Date last attended:

Activities participated in:

Veterinary History (please complete if horse is not known to GVG):
(Please use Section F if needed)

Current Daily Regime:

Stabled: Yes/No (please delete as appropriate)
Type of Bedding:
Hay: Yes/No Soaked/Unsoaked (please delete as appropriate)
Amount in each serving:

Hard Feed (please specify amounts and type):

Turn out: Yes/No (please delete as appropriate)
Individual Paddock/Herd (please delete as appropriate)
Length of time at grass per day:

Does this routine
change in: Summer: Yes/No (delete as appropriate)
Please specify:

Winter: Yes/No (delete as appropriate)
Please specify:

Weekly exercise routine:
Monday:
Tuesday:
Wednesday:
Thursday:
Friday:
Saturday:
Sunday:

Section C: Additional Horse or Pony Details

Name:

Stable Name:

Age:

Date of Birth (if known):

Breed:

Height:

Colour:

Insured: Yes/No (please delete as appropriate)

Insurance Company:

Passport Number:

Date last vaccinated:

Microchip Number:

Is your horse regularly wormed: Yes/No (please delete as appropriate)

Date last wormed:

Type of wormer used:

Do you have your horse's teeth checked regularly?

Yes/No (please delete as appropriate)

By whom:

Date last attended:

Activities participated in:

Veterinary History (please complete if horse is not known to GVG):

(Please use section F if required)

Current Daily Regime:

Stabled: Yes/No (please delete as appropriate)

Type of Bedding:

Hay: Yes/No Soaked/Unsoaked (please delete as appropriate)

Amount in each serving:

Hard Feed (please specify amounts and type):

Turn out: Yes/No (please delete as appropriate)
Individual Paddock/Herd (please delete as appropriate)
Length of time at grass per day:

Does this routine
change in: Summer: Yes/No (delete as appropriate)
Please specify:

Winter: Yes/No (delete as appropriate)
Please specify:

Weekly exercise routine:
Monday:
Tuesday:
Wednesday:
Thursday:
Friday:
Saturday:
Sunday:

Section D: Declaration and Signature

In order to abide by the codes of the Royal College of Veterinary Surgeons and veterinary professional etiquette, we would like to ask you to sign the following disclaimer.

I have not seen a Veterinary Surgeon within the past 6 months except as detailed above and I wish to place my horse in the care of The George Veterinary Group. I accept the Terms of Business detailed below.

Please tick to confirm you have read our Terms and Conditions of Business:

Signature:

Date:

Thank you for taking the time to complete this application form.

Section E: Terms and Conditions of Business

The Veterinary Practice aims to provide a high quality veterinary health care and for this reason our fees and trading conditions (shown below) are structured to allow the practice to provide this service. We invest in modern facilities for the benefit of all our clients and have achieved the status of being only one of a few hospital standard practices in the UK. The service we offer is constantly reviewed and improved.

A copy of this notice is available for you to take away if requested.

1. Clients are required to settle their account after each invoice is received; should your horse need a course of treatment, payment will be required as each invoice is received. Estimates can be printed if requested. If your horse is insured, please speak to the veterinary surgeon dealing with treatment subject to invoices being settled by you or your insurance company. Payment can be made by CASH, CHEQUE with current bankers card, DEBIT/CREDIT CARD, or Standing Order.

2. The George Veterinary Group reserves the right to pass unpaid accounts to debt collector/solicitor for recovery/level action to whom we may assign the debt and all rights without restriction.

3. In the event payment is not received as per clause 1, a fee of £25.00 will be added to the amount owing. In the event the account remains unpaid you will be informed by letter that you have two weeks to settle before the account is sent to the Debt Recovery Agency.

4. In the event of late payment, interest will be charged at a rate of 2% per month so long as the account remains unpaid. We will also require you to pay our expenses and legal costs incurred in taking steps to obtain payment on an indemnity basis. This will include costs for returned cheques, correspondence and legal notices, finding you if you have changed address without notice, as well as third party costs incurred in the collection of unpaid accounts.

5. If the account is not settled the practice reserves the right to ask you to find another Veterinary Surgeon to treat your animals for routine problems. You will be informed by letter and given one week to do so.

6. By completing the registration form you agree that we may collect information from the Electoral Roll and search the files of a Credit Reference Agency, which will keep a record of the search. In the event of the account being unpaid as per clause 1, relevant details may be recorded with any agency. Any information supplied may be used for debt tracing and fraud prevention.

Section F: Any other relevant information

Section G: Office Use Only

Date form received:

Date Standing Order Mandate set up:

First payment date:

Details passed to relevant veterinary surgeon: