

Cambridge Equine Hospital

University of Cambridge, Madingley Road, Cambridge CB3 0ES

Telephone: 01223 760535

Fax: 01223 337672

www.ceh.qvsh.co.uk

Email: cambridgeequine@vet.cam.ac.uk



First Opinion Practice Registration Form

Client Name: _____

Home Address: _____

Phone: Home: _____ Mobile: _____ Work: _____

Email Address: _____

Address where horse is kept _____
if different from above _____

Please provide additional _____
directions to help the vet _____
find your yard. This can be _____
important in emergencies. _____

How many horses to register? _____

Are they insured? _____

If so, who with? _____

Horse No. 1

Name: _____ Sex: _____

Age: _____ Breed: _____

Colour: _____ Height: _____

Vaccinated? _____ When is next vaccine due? _____

When was last dental treatment? _____

Current veterinary problems: _____

Horse No. 2

Name: _____ Sex: _____
Age: _____ Breed: _____
Colour: _____ Height: _____
Vaccinated? _____ When is next vaccine due? _____
When was last dental treatment? _____

Current veterinary problems: _____

Horse No. 3

Name: _____ Sex: _____
Age: _____ Breed: _____
Colour: _____ Height: _____
Vaccinated? _____ When is next vaccine due? _____
When was last dental treatment? _____

Current veterinary problems: _____

Horse No. 4

Name: _____ Sex: _____
Age: _____ Breed: _____
Colour: _____ Height: _____
Vaccinated? _____ When is next vaccine due? _____
When was last dental treatment? _____

Current veterinary problems: _____

