NEW HORSES

To be completed by the proprietor/manager

I am the proprietor/manager of:

|  |  |
| --- | --- |
| Riding establishment name: |  |

The most recent annual inspection was performed on:

|  |  |
| --- | --- |
| Date: |  |

By:

|  |  |
| --- | --- |
| Riding establishment inspector name: |  |
| RCVS registration no: |  |

Following that inspection, the horse(s) listed below have been acquired and introduced to the establishment for the purpose of the activities indicated.

|  |  |
| --- | --- |
| Name: |  |
| Sex (M/F): |  |
| Year of birth: |  |
| Activity: |  |
| Chip number |  |
| Passport unique life number |  |
| Name: |  |
| Sex (M/F): |  |
| Year of birth: |  |
| Activity: |  |
| Chip number |  |
| Passport unique life number |  |

**Signed:**……………………………………………….. **Date:**………………………………………

 (proprietor/manager)

**Page 2 overleaf to be completed by the veterinary surgeon**

To be completed by the veterinary surgeon

I have inspected the horse(s) listed above and confirm that they are suitable to join the- above named riding establishment for the activities indicated. In making this decision I have had regard to such matters as soundness, and the condition of the horses' eyes and heart.

Signed:……………………………………………………………………………………….

 (veterinary surgeon)

RCVS Registration no: ……………………………………………………………………

Dated:………………………………………………………………………………………..

NOTE TO THE PROPRIETOR/MANAGER

SEND A COPY OF THIS COMPLETED FORM TO YOUR LOCAL AUTHORITY