

**CLIENT REGISTRATION**

Title ..... Surname .....

Forenames .....

Full Postal Address .....

..... Post Code .....

Email .....

Home Tel No ..... Stable Address:

Work Tel No ..... .....

Yard Tel No ..... .....

Mobile Tel No ..... Post Code of Stables .....

Previous Veterinary Practice  
.....

I, the undersigned, hereby request to be registered as a first opinion client of Vectis Equine Vets.

I agree to the terms and conditions enclosed.

I agree that Vectis Equine Vets will contact my previous veterinary practice, if required, both to obtain medical histories and to confirm that I/we do not have any outstanding accounts.

I am over 18 years of age.

Signed ..... Date .....

Tel: **01983 533799**  
Email: **[enquiries@vectisequinevets.co.uk](mailto:enquiries@vectisequinevets.co.uk)**  
**[www.vectisequinevets.co.uk](http://www.vectisequinevets.co.uk)**

**GDPR -**

Please see our practice privacy notice for full details of the information covered under data protection regulations that we hold and how it is used, stored and deleted. The privacy notice can be viewed on our website at [www.vectisequine-vets.co.uk](http://www.vectisequine-vets.co.uk) on the “contact us” page. Alternatively a copy is available to view in our office.

Client Consent (please tick or delete as appropriate)

☐ I consent to the management of my personal data by the veterinary practice and understand that the giving of this consent is **mandatory** if the veterinary practice is to provide service.

☐ I consent to the receipt of vaccination reminders by text message and/or email. Please note consent is optional but if you do not give consent we are unable to provide a reminder service to you.

I consent to receive marketing information or special offers by post ☐ or email ☐ this consent is optional.

Full name:

Mobile phone number:

Tel: **01983 533799**  
Email: [enquiries@vectisequinevets.co.uk](mailto:enquiries@vectisequinevets.co.uk)  
[www.vectisequinevets.co.uk](http://www.vectisequinevets.co.uk)

## HORSE DETAILS

<u>FULL NAME</u>	<u>STABLE NAME</u>	<u>YEAR OF BIRTH</u>	<u>SEX</u>	<u>TYPE</u>	<u>COLOUR</u>

**Yard directions -**

Tel: **01983 533799**  
Email: [enquiries@vectisequinevets.co.uk](mailto:enquiries@vectisequinevets.co.uk)  
[www.vectisequinevets.co.uk](http://www.vectisequinevets.co.uk)