



APPLICATION FOR VOLUNTARY VETERINARY EXAMINATION

**WHEN COMPLETED, PLEASE RETURN THIS FORM TO THE OFFICE WITH THE FEE
AND THE EXAMINATION KIT WILL BE SENT DIRECTLY TO YOUR VET TWO WORKING DAYS AFTER RECEIPT**

OWNER'S DETAILS

NAME.....Membership No.....
ADDRESS.....
.....
.....Post CodeTel No.

COLT/STALLION'S DETAILS

NAME OF COLT REG. NO
DATE FOALED COLOUR.....
SIRE REG NO.
DAM REG NO.

Colt already freeze-branded/micro-chipped YES NO Number : _____

DETAILS OF VETERINARY SURGEON FROM THE APPROVED LIST TO UNDERTAKE EXAMINATION

NAME.....
ADDRESS.....
.....
POST CODE TELEPHONE NO

Fee : **£100** To include Animal Health Trust DNA test fee and administrative fee.

 Owner to pay Veterinary Surgeon direct in all cases.

SIGNED DATE