

PERMITTED TREATING VETERINARIAN / PERMITTED EQUINE THERAPIST REGISTRATION FORM

For Completion by the PTV or PET (complete in capital letters)

I am a :
(tick as applicable) ☐ Permitted Treating Veterinarian ☐ Permitted Equine Therapist

Event name: _____ Event Dates: _____

Name: _____ FEI ID: _____

Contact
Telephone: _____

PETs only: Name of Vet ON SITE who you will be working with: _____

Please list the Horses that you will be treating below:

| HORSE NAME | ATHLETE NAME | ATHLETE NF |
|------------|--------------|---------------|
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This form must be completed by PTV or PET that have not been appointed by the Organising Committee. It must be given to the event's Veterinary Delegate upon arrival and before entering the Stables area.