

APPLICATION TO REGISTER A COMPANY WITH
RAINBOW EQUINE HOSPITAL LTD – 2 REFERENCES REQUIRED

PLEASE PRINT:

Name of Company:	Company Address:
Details of first director:	Title: Mr Mrs Miss Ms Dr
Position in Company:	Surname:
DATE OF BIRTH:	First Names:
Nationality:	Percentage of Ownership:
Current Address:	
Post Code:	
How many years at this address?	Are you a home owner? Yes / No
Telephone (Home):	Telephone (Work):
Mobile:	E-mail:
Details of second director:	Title: Mr Mrs Miss Ms Dr
Position in Company:	Surname:
DATE OF BIRTH:	First Names:
Nationality:	Percentage of Ownership:
Current Address:	
Post Code:	
How many years at this address?	Are you a home owner? Yes / No
Telephone (Home):	Telephone (Work):
Mobile:	E-mail:

Previous Vets :

Vets Telephone No:

BANK DETAILS:
Sort Code: Account Number

Bank Name:

Branch:
Current a/c [] Debit [] Credit []

Time with bank: [] years [] months

ANIMAL DETAILS – WHERE KEPT :

Animal Name (Cont over/.)	
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Breed/Colour Sex:	
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Age		Height	
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VACCINATIONS	FLU? [] Date	TETANUS? [] Date	OTHER? Date
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VET FEE INS? YES? [] NO []	INSURANCE COMPANY NAME:
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I confirm that I am the owner of the animal(s) above (and overleaf) and agree to pay for all veterinary fees relating to treatment of this animal at the above Practice. You may contact my previous Veterinary Practice for references. Your account will be open subject to credit approval.

First Director Signature:	Date:
Second Director Signature:	Date: