

CLIENT/OWNER AND HORSE DISCLAIMER FORM

CLIENT/OWNER NAME: _____

ADDRESS: _____

EMAIL: _____

TELEPHONE: _____

MOBILE: _____

HORSE NAME: _____

AGE: _____ SEX: _____ BREED: _____

BRIEF DESCRIPTION FOR PURPOSE OF VISIT: _____

VETERINARY SURGEON NAME: _____

VETERINARY PRACTICE NAME: _____

VETERINARY PRACTICE ADDRESS: _____

VETERINARY PRACTICE PHONE: _____

DISCLAIMER

- OWNERS AND HORSES USE THE EQUINE THERAPY CENTRE AT THEIR OWN RISK.
- ALL HORSES USING THE EQUINE THERAPY CENTRE @ MOULTON COLLEGE DO SO UNDER THE REFERRAL FROM A VETERINARY SURGEON. WE THEREFORE CANNOT ACCEPT ANY RESPONSIBILITY FOR ANY INJURY SUFFERED BY HORSES OR OWNERS USING THE CENTRE AND ITS FACILITIES.
- WE CANNOT ACCEPT ANY RESPONSIBILITY FOR THE LOSS OR DAMAGE TO PERSONAL BELONGINGS LEFT IN THE THERAPY CENTRE.
- FOR ALL HORSES UNDERGOING GROUND SCHOOLING OR RIDDEN WORK I CONFIRM THAT I HAVE MY OWN PUBLIC LIABILITY INSURANCE WITH AND CAN PRODUCE MY CERTIFICATE OF INSURANCE ON REQUEST.
- I HAVE READ, UNDERSTOOD, AND AGREE TO THIS DISCLAIMER AND THE TERMS AND CONDITIONS FOR USING THE EQUINE THERAPY CENTRE AT MOULTON COLLEGE AND CONFIRM THAT THE DETAILS I HAVE PROVIDED ARE CORRECT.
- IN AN EMERGENCY SITUATION I GIVE PERMISSION FOR MY VET TO BE CONTACTED.
- I CONFIRM THAT MY HORSE IS UP TO DATE WITH CURRENT VACCINATIONS TO INCLUDE INFLUENZA AND TETANUS AND CAN PRODUCE THE HORSE'S PASSPORT ON REQUEST.

SIGNATURE OF OWNER/CLIENT: _____ DATE: _____

Note: The written referral from the Veterinary Surgeon must be attached to or accompany this form.