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NEW CLIENT DETAILS

TITLE: NAME/INITIAL: SURNAME:

HOME ADDRESS:

POST CODE:

EMAIL:

CONTACT TELEPHONE NUMBERS:

HOME:

WORK:

MOBILE:

OTHER:

HORSE OR PONY DETAILS

NAME:

AGE /d.of b. :

BREED:

APPROX. HEIGHT:

SEX:

IS THE HORSE KEPT AT THE ABOVE ADDRESS?

IF NO, PLEASE PROVIDE ADDRESS AND DIRECTIONS OVERLEAF

CONTACT NAME FOR YARD:

TEL NO.:

IS THE HORSE / PONY INSURED?

INSURANCE COMPANY:

POLICY NUMBER:

RENEWAL DATE:

DO YOU WISH US TO CONTACT YOU WITH DETAILS OF EVENTS AT L.E.CENTRE?

WOULD YOU BE INTERESTED IN RECEIVING A L.E.C.NEWSLETTER?

(Please note that we never release client details to any other companies)

Terms of business: I, the undersigned, understand and agree that:

Payment is expected within 21 days of the invoice date. (This can be made by cash, cheque, credit or debit card (including by telephone), or BACS payment). Administration fees will be charged where reminders are issued, or if a cheque is returned.

Interest, at 5% per month, may be charged on overdue accounts, In the event of debt recovery being necessary *all* costs incurred in doing so will be added to the account. In the event of payment difficulty I will contact the clinic *immediately* to discuss my account. I undertake to inform the clinic immediately of any change in my contact details: address or telephone numbers. (Please ask if you require a copy of our detailed terms of business, or visit our website)

HISTORY:

Please list any other veterinary practices you have used in the last 5 years overleaf

I certify that I have no monies outstanding to any veterinary practices I have used previously.

Signed:.....Date:.....