



Treatment form for horses

EHBF-011120

Return address: P.O. Box 2300, 5202 CH 's-Hertogenbosch, info@HippoHorseInsurance.com

1. Policyholder

Relation number..... Policy number.....

Name M/F..... Address.....

Zip/ City E-mail

Telephone private Telephone mobile

IBAN number..... BIC number.....

Can you deduct VAT? Yes No

2. The undersigned veterinarian

Name

Place

Declares that he/she has treated, or is still treating, the horse described below.

3. Details horse

Name of horse..... Breed

Sex Parentage

Date of birth Studbook number

Chip number Color + markings

Consultation at: Clinic Stable address Other, namely

Date of first (disease) symptoms:

Case history:

Diagnosis:

Therapy

started:.....

Prognosis:

At Date

Signature of veterinarian Signature of policyholder

Address of veterinarian..... Town/City

Telephone number Fax

Caution! Record of the chip number is required. Please send the original documents.
These are not returned after processing.