



Referral form for horses

EHDF-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. Details horse

Name of horse..... Breed.....
Sex Parentage.....
Date of birth Studbook number.....
Chip number Color + markings.....

Receiving treatment since:

Case history:

Differential examination:

Has there been a relapse? No Yes, namely.....

Therapy applied (including medication and dosage):

Question put to the

specialist:

Consultation concerning the treatment – partly in relation to the prospects – to be carried out by the clinic with:.....

Telephone..... Date

Name of referring veterinarian.....

Signature of veterinarian Signature of policyholder.....

Address of veterinarian..... Town/City

Telephone number

Caution! Record of the chip number is required. Please send the original documents or scan the documents in color and email. The original documents are not returned after processing.