



# Referral form for horses

EHDF-011120

Return address Keetgracht 1 • 1811 AM Alkmaar • T +31(0)73 6419419 • info@hippohorseinsurance.nl

## 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.**