



VENDOR | VENDOR AGENT DECLARATION

PLEASE WRITE CLEARLY AND IN CAPITAL LETTERS!

PERSONAL DATA | CLIENT

First name and surname:	
Street and house number:	
Postal code and city:	
Phone number:	
E-Mail:	

HORSE

Data:	Name:	
	Age:	
	Life number:	
	Gender:	<input type="checkbox"/> Mare <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding
	Colour:	Race:
	Discipline level of education:	
	Animal for slaughter:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	vaccination status:	
	Last shoeing:	
Serving veterinarian:		

VENDOR AGENT

First name and surname:	
Street and house number:	
Postal code and city:	
Phone number:	
E-Mail:	

QUESTIONNAIRE	
Duration of horse acquaintance:	
Duration of current ownership custody:	
Medication in the last 6 weeks:	<input type="checkbox"/> No <input type="checkbox"/> Yes, which:
Previous lameness surgery:	<input type="checkbox"/> No <input type="checkbox"/> Yes, which:
Previous medical issues:	<input type="checkbox"/> No <input type="checkbox"/> Yes, which:
Vices behavioral abnormalities: (e.g. cribbing, weaving, headshaking)	<input type="checkbox"/> No <input type="checkbox"/> Yes, which:
Allergies, summer eczema:	<input type="checkbox"/> No <input type="checkbox"/> Yes, which:
Distinctive behavioral features:	<input type="checkbox"/> No <input type="checkbox"/> Yes, which:
Husbandry:	<input type="checkbox"/> Box <input type="checkbox"/> Box and pasture <input type="checkbox"/> Free stall barn <input type="checkbox"/> Permanent pasture
Food:	<input type="checkbox"/> Dry hay <input type="checkbox"/> Soaked hay <input type="checkbox"/> Haylage silage <input type="checkbox"/> Oats <input type="checkbox"/> Pellets <input type="checkbox"/> Other:
Bedding:	<input type="checkbox"/> Straw <input type="checkbox"/> Sawdust <input type="checkbox"/> Other:

SIGNATURE	
Place date:	
Signature:	<input type="checkbox"/> Owner <input type="checkbox"/> Vendor