CHARTER EQUINE SERVICES

Caring for your horses - whatever their needs

EQUINE TOTAL HEALTH CARE PLAN

Your Application Form

Mullacott Equine Veterinary Hospital
Bickenbridge Farm
Ilfracombe
Devon EX34 8NZ
Tel: 01271 866770

Full Name (Mr/Mrs/Ms)
Address
Name of Horse
Breed/Description
Size (please tick) Pony (<400kg) Horse (400-500kg) Heavy Horse (>500kg)
Name of Horse
Breed/Description
Size (please tick) Pony (<400kg) Horse (400-500kg) Heavy Horse (>500kg)
Name of Horse
Breed/Description
Size (please tick Pony (<400kg) Horse (400-500kg) Heavy Horse (>500kg)

I hereby request that the horse(s) names above are accepted on to the Mullacott Veterinary Hospital Equine Total Health Care Plan. I enclose full payment/I wish to pay in full by credit card/I wish to pay by monthly Direct Debit (delete where applicable).

Signature	Date

Please make cheques payable to the Charter Veterinary Hospital Group. If you wish to pay by Credit Card then please complete the information boxes below. If you wish to pay by Direct Debit then please complete the attached mandate.

Card Number	
Expiry date of credit card	3 digit Security No.
Signature of cardholder Date	
Cardholder's Name	
Address	