



NEW HORSES

This inspection should be undertaken at the proprietor's/manager's expense.

To be completed by the Proprietor/Manager

I am the proprietor/manager	
Riding Establishment Name:	

The most recent annual inspection was performed on:	
Date:	

By:	
Riding Establishment Inspector Name:	
RCVS Registration No:	

Following that inspection, the horse(s) listed below have been acquired and introduced to the establishment for the purpose of the activities indicated

Name:		Sex	M	F	Year of Birth	
Activity:						
Chip number						
Passport						

Name:		Sex	M	F	Year of Birth	
Activity:						
Chip number						
Passport						

Signed (Proprietor/Manager)

Date



To be completed by the veterinary surgeon

<i>Signed: (Veterinary Surgeon)</i>	
<i>RCVC Registration No</i>	
<i>Date:</i>	

NOTE TO THE PROPRIETOR/MANAGER

SEND A COPY OF THIS COMPLETED FORM TO YOUR LOCAL AUTHORITY