

## PERMITTED EQUINE THERAPIST REGISTRATION FORM

**For Completion by the Permitted Equine Therapist** *(complete in capital letters)*

Event name:	Event Dates:
Permitted Equine Therapist Name:	FEI ID:
Contact Telephone:	
Name of Supervising PTV:	FEI ID:

Please list the Horses that you will be treating below:

HORSE NAME	ATHLETE NAME	ATHLETE NF

This form must be completed by PETs that have not been appointed by the Organising Committee. It must be given to the event Veterinary Delegate upon arrival and before entering the Stables area.

