

**PERMITTED TREATING VETERINARIAN /  
PERMITTED EQUINE THERAPIST  
REGISTRATION FORM**

**For Completion by the PTV or PET** (complete in capital letters)

I am a :  
(tick as applicable)  Permitted Treating Veterinarian  Permitted Equine Therapist

Event name: \_\_\_\_\_ Event Dates: \_\_\_\_\_

Name: \_\_\_\_\_ FEI ID: \_\_\_\_\_

Contact  
Telephone: \_\_\_\_\_

Please list the Horses that you will be treating below:

HORSE NAME	ATHLETE NAME	ATHLETE NF

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