



Wheelton & District Branch of The Pony Club Horse/Pony Consent Form Camp



Members Name: Name of horse/pony:

Height: Sex: Age: Colour:

How long have you owned the horse/pony?

Does the horse/pony have any vices or habits, whilst ridden/being handled/in the stable?

Yes No If yes, please give details:

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Does the horse/pony have any allergies?

Yes No If yes, please give details:

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Will the horse/pony need any medication while at camp?

Yes No If yes, please give details:

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Will the horse/pony have any special feed or supplements while at camp?

(A basic feed of mix and chop is included along with haylage)

Yes No If yes, please give details:

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Please detail any specific needs of the horse/pony that Camp organisers should be aware of?

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The use of spurs at camp must have been previously agreed with your DC and Chief Instructor

Your horse/pony must be fit and well. Parents will be asked to take home any pony or horse showing signs of lameness, contagious disease or illness.

Please make sure your pony is suitably shod or trimmed before camp.

Your horse must be vaccinated against tetanus and flu and the vaccinations must be up to date.

Equine Flu vaccinations must be within the last 12 months during the time of camp

If a horse/pony at camp requires veterinary treatment the Camp organisers will make every effort to contact the owner first. Please sign this form so that appropriate treatment can be given in the event that we are unable to contact you in a timely fashion.

In the event of my horse/pony requiring emergency veterinary treatment whilst at Pony Club Camp and an officer or other responsible adult being unable to contact me, I hereby authorise the officer or other responsible adult to obtain such veterinary treatment for my horse/pony as they in their absolute discretion think necessary after consultation with a veterinary surgeon. This authority extends to all veterinary treatment including the giving of an anaesthetic where necessary and humane destruction if there is no alternative.

Signed: (owner) Date: