



# Livery Yard New Client Registration Form

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## 1. CLIENT DETAILS

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## 2. HORSE DETAILS

Horse Name: \_\_\_\_\_

Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Height: \_\_\_\_\_

Gender (Mare/Gelding/Stallion): \_\_\_\_\_

Colour: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Veterinarian Phone: \_\_\_\_\_

Farrier Name: \_\_\_\_\_

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**Call 01622 815011 for a quotation**

Farrier Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

### 3. LIVERY REQUIREMENTS

Type of Livery Required:

- ☐ Full Livery
- ☐ Part Livery
- ☐ Assisted DIY
- ☐ DIY
- ☐ Other (please specify): \_\_\_\_\_

Expected Arrival Date: \_\_\_\_\_

Feed Requirements: \_\_\_\_\_

Medications or Supplements: \_\_\_\_\_

Turnout Preferences (individual/shared/stabled):

\_\_\_\_\_

Stable Preferences: \_\_\_\_\_

### 4. MEDICAL HISTORY & BEHAVIOUR

Pre-existing Conditions: \_\_\_\_\_

Last Vaccination Date (Flu & Tetanus):

\_\_\_\_\_

Colic, Laminitis, or other history: \_\_\_\_\_

Behavioural Issues or Vices (cribbing, weaving, etc):

\_\_\_\_\_

Special Handling Instructions: \_\_\_\_\_

### 5. CONSENT & DECLARATION

- ☐ I confirm that my horse is up to date with vaccinations and worming.
- ☐ I agree to the livery yard's terms and conditions.
- ☐ I consent to the yard contacting my vet/farrier in an emergency.

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- ☐ I authorise basic first aid to be administered to my horse if needed.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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