مستشفى دبي للخيول
DUBAI EQUINE HOSPITAL

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ADMISSION CARD

(To be filled in by D.E.H/ref.vet)

Horse Name*: _____ Breed: _____ Colour: _____

Male ☐ Female ☐ Gelding ☐ Age: _____

Appointment Date: _____/_____/_____ Time: _____ Ref. Veterinarian: _____

Stable: _____ Fax: _____ E-Mail: _____

Trainer's Name: _____ Mobile: _____ E-Mail: _____

Owner's Name: _____ Mobile: _____ E-Mail: _____

Owner's Address: _____

Contact Person: Owner ☐ Trainer ☐ Other: _____ Call ☐ SMS ☐

Invoice to: _____

Reason for Admission:

_____

_____

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_____

_____

For Hospital Use Only

Colour: _____ Sex: _____ Weight: _____Kg Clinician: _____

IP ☐ OP ☐ DP ☐ Stall #: _____ ICU ☐ RI ☐ RII ☐ Isolation ☐ Quarantine ☐

Data Entered: HVMS ☐ SYNGO ☐ Time of Arrival: _____

* For first time admission to DEH please attach a copy of the horse's passport