

# Application Form – Companion Animal Clinics at The Icelandic Horse Farm 2011

Send form to: The Icelandic Horse Farm, 5435 Rochdell Rd, Vernon BC V1B 3E8  
Phone 1-800-255-2336 or (250) 545-2336 fax (250) 545 9116 e-mail [touch@shaw.ca](mailto:touch@shaw.ca)  
or register online: <https://www.cartserver.com/sc/securepage.cgi?icefarm.com/TTACTregistration.htm>

I would like to sign up for the following training(s):

Date: \_\_\_\_\_ Clinic description: \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Zip/ P.C. \_\_\_\_\_ Phone \_\_\_\_\_

A \$210.00 deposit is required to reserve a space. See cancellation policy.

Make cheques or money orders payable to TTEAM or Icelandic Horse Farm.

Or pay by Visa or MasterCard.

I have enclosed a cheque to cover the full amount due. **Yes** \_\_\_ **No** \_\_\_

or

I have enclosed a cheque for the deposit and a second dated \_\_\_\_\_ to cover the balance. **Yes** \_\_\_ **No** \_\_\_ or

The full amount due for the clinic may be charged to my credit card now. **Yes** \_\_\_ **No** \_\_\_ or

The deposit of \$210.00 may be charged to my credit card now and the balance will be deducted from my card 30 days prior to the start of the clinic. **Yes** \_\_\_ **No** \_\_\_

Visa/MC \_\_\_\_\_ expires \_\_\_\_\_ CVV no. \_\_\_\_\_

Credit card billing address (if different from above): \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_ PC/Zip \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Are you bringing a dog to the workshop?

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed \_\_\_\_\_

Does your dog have issues you would like to address? \_\_\_\_\_

\_\_\_\_\_

**Accommodation:** I will arrange accommodation - on my own \_\_\_\_\_

or at one of the B & B's \_\_\_\_\_

or other \_\_\_\_\_

Do you have any **dietary requirements**? \_\_\_\_\_ If so, please specify

\_\_\_\_\_

**Arrival:** Are you flying or driving? \_\_\_\_\_

Date and time of arrival \_\_\_\_\_