



THE WORSHIPFUL COMPANY OF FARRIERS

Issued byApproved Training Centre on (*date*).....

Examination (type).....Dates:

OWNERS FARRIERY CONSENT FORM

1. I consent to my horse/s being shod as part of The Worshipful Company of Farriers Examination held on the above date/s.

2. I understand that, in the case of apprentices, all those undertaking the examination will have attained an NVQ level 3 competency in Farriery and are deemed capable by the Farriers Registration Council of taking the examination.

3. I also understand that candidates taking the examination will be closely observed, during examinations, by two experienced farrier examiners and an equine veterinary surgeon. These examiners will inspect the work being undertaken at each stage of the shoeing process.

4. I understand, in addition, that it may be necessary to administer a sedative drug in the interest of the horse's welfare and for first aid care to take place. In these circumstances I give my consent for this to be undertaken by the Worshipful Company of Farriers Veterinary examiner.

Signed: Dated:

Address
.....
.....

Telephone numbers

My Veterinary Surgeon is.....
Telephone No.....

Details of Horses provided for the Examination:

NAME	TYPE	COLOUR	SEX
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.....
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