

UBRC MEMBER RECORD FORM

You are asked to supply the following information on a voluntary basis for use only in cases of accident or emergency, and on the understanding that the information will be kept strictly confidential and not disclosed to anyone except in the event of accident or emergency. Your assistance is requested and appreciated.

Name:

Address:

Telephone No:

Mobile No:

In case of emergency please contact:

Emergency contact telephone number:

Doctor's Name:

Telephone Number:

Medicare Number: Ambulance subscriber No:

Blood Type:

Do you have nay illness or allergy (particularly to medicine) which should be known in a case of emergency (eg asthma, diabetes, allergy to penicillin etc?).

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Where is your horse kept?

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Your preferred vet?

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Do you have any special qualifications which could be of assistance in the event of an emergency at the club (eg medical, first aid, veterinary).

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