



# Membership application

As the owner / manager of (premises name and address)  
**(please complete in block capitals)**:.....  
 .....  
 ..... Postcode: .....  
 Tel no:..... Mobile no: .....

and on behalf of the owners / agents of the following horses, I wish to apply for membership of the Premium Assured Strangles Scheme, at the level shown below (please see PASS guidelines to determine which level is most suitable for your yard).

- Gold level**
- Silver level**
- Bronze level**

.....(signature, name and date\*)

**BHS registration number** (if applicable) ..... **Email:**.....  
**Principal Vet Practice** (name and address):.....  
 ..... Postcode: .....  
 Tel. No.: ..... Email: .....

Please list all horses / ponies and donkeys on the premises below (continue over)

	Horse name	Owner / agent	Horse passport number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

\*By signing you declare that you have read, understood, and discussed with the horse owners and relevant veterinary surgeons, the scheme guidelines. Please send completed forms to: **SRUC Veterinary Services, Pentlands Science Park, Bush Loan, Penicuik, Midlothian EH26 0PZ**



**Membership application continued**

	Horse name	Owner / agent	Horse passport number

For office use only		
Application received	Database entry	Yard member number



**Membership application continued**

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