



## Visitor Information Sheet

### Personal Information

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number \_\_\_\_\_
- Email: \_\_\_\_\_
- Current School/Year: \_\_\_\_\_
- Major: \_\_\_\_\_
- Anticipated Graduation Date: \_\_\_\_\_
- Please list any previous horse experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Date(s) of availability: \_\_\_\_\_

### Contact In Case of Emergency

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

### Medical Insurance

- Company: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Policy Number: \_\_\_\_\_

**Please verify that you have completed each of these items prior to your arrival at Twin Pines Equine Veterinary Services, LLP: (Initial each one)**

1. Read, signed and returned the Consent and Authorization Form \_\_\_\_\_
2. Read, signed and returned the Confidentiality Agreement \_\_\_\_\_
3. Read, signed and returned the Visitor Information Sheet \_\_\_\_\_
4. Thoroughly read the Externship Guidelines \_\_\_\_\_

Signature: \_\_\_\_\_

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

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