

Academy of Equine Dentistry Course Application Form

Academy of Equine Dentistry, P.O. Box 999, Glens Ferry, Idaho 83623 • Email: academy@equinedentistry.com • Website: www.equinedentalacademy.com

| | | | |
|---------------------|-------|------------------|-------|
| First Name: | _____ | Title: | _____ |
| Last Name: | _____ | | |
| Business Name: | _____ | | |
| Address: | _____ | City: | _____ |
| State/Province: | _____ | Zip/Postal Code: | _____ |
| | | Country: | _____ |
| Home Phone: | _____ | Work Phone: | _____ |
| | | Cell Phone: | _____ |
| Email: | _____ | Fax: | _____ |
| Age: | _____ | Date of Birth: | _____ |
| | | Gender: | _____ |
| Physical Condition: | _____ | | |
| Name of Spouse: | _____ | | |
| Emergency Contact: | _____ | | |

Number of years working with horses and type of horses:

Previous formal education and training:

Horse handling experience, courses, school, etc.:

Reasons for attending this course:

Two or more professional references are required, one from a vet that you are working with, including address and phone: (Veterinarians, Equine dentist, horse trainers, farm owners, and or complementary therapists, etc.)

- 1.
- 2.

The following deposits are required with application by check, wire transfer or credit card.

- | | |
|--|------------------------|
| <input type="checkbox"/> I have enclosed my deposit of \$600.00 for the D-101/D-201 first level course. | Course Date: _____ |
| <input type="checkbox"/> I have enclosed my deposit of \$300.00 for the D-102/D-202 second level course. | Course Date: _____ |
| <input type="checkbox"/> I have enclosed my deposit of \$150.00 for the D-103/D-203 third level course. | Course Date: _____ |
| <input type="checkbox"/> I have enclosed my deposit of \$100.00 for the A-150 3-Day Anatomy Course. | Course Date: _____ |
| <input type="checkbox"/> I have enclosed my deposit of \$150.00 for the A-100 Full Body Anatomy Course. | Course Date: _____ |
| <input type="checkbox"/> I have enclosed my deposit of \$150.00 for the C. E. Field Trip. | Field Trip Date: _____ |

I agree to pay the balance on or before my arrival:

Signed: _____ Date: _____

Please Make Checks Payable to "Academy of Equine Dentistry"

Credit Card # _____ Exp. Date: _____