

# Academy of Equine Dentistry Course Application Form

Academy of Equine Dentistry, P.O. Box 999, Glenns Ferry, Idaho 83623 • Email: [academy@equinedentistry.com](mailto:academy@equinedentistry.com) • Website: [www.equinedentalacademy.com](http://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 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: \_\_\_\_\_