



Form C

INWARD BUYER PROGRAMME – IRISH HORSE GATEWAY APPLICATION FORM FOR REFUND OF TRAVEL FARE

SECTION A	
Please comp	olete in BLOCK CAPITALS
Name of Purchaser:	
Address:	
Email:	Contact No:
I certify that this horse will be exp	ported
Signature of Purchaser:	
Date:	
TRAVE	CL CLAIM DETAILS
Country of Departure:	
Departure Date:	Return Date:
Cost of Flight/Ferry:	
Amount being Claimed(Attach copy of ticket)	
IRISH HOR	SE GATEWAY DETAILS
Name of Registered Seller	
Date of Sale:	Seller Contact No. :





Studbook Name.:
Studbook Reg. No
Please circle: Horse OR Pony
UELN Number:
Name of the Horse/Pony:
Price:
Signature of Seller:
SECTION B
A Veterinary Surgeon in the importing country may complete this section. Alternatively attach a copy of the log sheet of the itinerary, or the airway bill, and/or travel certificate from the shipping agent.
To be signed by Veterinary Surgeon:
I have examined the above mentioned animal, which was imported from Ireland, and
his/her markings correspond with the markings on the passport/identification
documents supplied.
Name & Address:
(Block capitals)
Signature: Date:

STAMP OF VETERINARY SURGEON:

The closing date for the receipt of claims by Horse Sport Ireland is four weeks from the date the horse/pony was purchased. Claims after this date cannot be accepted.

For queries relating to this incentive scheme please contact Michael Doherty or Antonette Doran at Horse Sport Ireland +35345850800.

<u>mdoherty@horsesportireland.ie</u> adoran@horsesportireland.ie

Horse Sport Ireland, 1st Floor, Beech House, Millennium Park, Osbsertown, Naas, Co. Kildare, Ireland.