

Horse Health Programme CANCELLATION FORM

To: CVS (UK) Limited, CVS House, Owen Road, Diss, Norfolk IP22 4ER

I hereby give notice that I cancel my Horse Health Programme Membership

Membership Number:

Name of member	
Address of member	
Contact telephone and email	
Cancel policy for horse 1 named	
Cancel policy for horse 2 named	
Cancel policy for horse 3 named	

Date: