

# Hoofcare Organisation Of New Zealand



## Natural Hoof Care Application Form

*Please note: To apply you must be a financial member of HOOFNZ*

\* Name

\* Address

\* Postal Address

\* Home ph no

\* Mobile ph no

\* Email

\* Date of birth

\*  Male     Female

HOOFNZ Practitioner Certification *please answer all questions*

HOOFNZ Horse Owners Course *please answer the questions marked \**  
Please tick one

\* Present occupation

\* When did you become involved with horses and what has that involvement included?

\* Have you had any previous hoof care training and if so when, where and how did you learn?  
(books, clinics, self taught, etc)

\* What other groups or associations have you been involved with?

\* State your reasons for applying to HOOFNZ's Natural Hoof Care training programme

\* How did you hear about our training programme?

Do you feel you have the diplomacy to be able to deal with unreasonable people in a non-offensive manner?

If you become a qualified natural hoof care practitioner what area of NZ do you envision trimming in?

Do you have any health issues that might limit your ability as a Natural Hoof Care Practitioner?

\* Any extra comments

I agree that the Hoof Care Organisation of New Zealand Incorporated Society will not be held responsible for any of the following any while I am undergoing training with them and/or after my certification with the above mentioned Society:

Damage or injury caused to myself  
Damage or injury caused to others  
Damage or injury caused to my own equines  
Damage or injury caused to other peoples equines  
Damage to my own property  
Damage to anyone else's property

HOOFNZ requires that each Trainee undergoing the Natural Hoof Care Practitioner Certification check with their Insurance Company to ascertain whether they are covered for Public/Limited Liability insurance.  
HOOFNZ will not be held liable for any damages or claims if the Trainee has failed to provide themselves with adequate personal, public or limited liability insurance cover.  
By signing below you agree to the above conditions

**By applying to this training programme you agree to the HOOFNZ Incorporated Society rules that include using non-invasive trimming methods only.  
You also acknowledge that failure to follow HOOFNZ's trimming guidelines can result in dismissal from the training programme and/or removal from HOOFNZ's publicised Natural Hoof Care Practitioner list.**

\* Signature

\* Date

\* Please attach a current photo of yourself and post along with your application fee and this completed form to:

**Post to:**  
**Jenny Lomas**  
**HOOFNZ Training Co-ordinator**  
**402 Old Maratoto Road**  
**Hikutaia**  
**RD4**  
**Paeroa 3674**  
[training@hoofnz.org.nz](mailto:training@hoofnz.org.nz)