



The Vluggen Institute

of Equine Osteopathy and Education

Equine Osteopath (EDO®) Course Application Form

Personal Information (Please Print or Type):

First Name: _____ Middle Initial: ____ Last Name: _____

Current Address: _____ (Apt. No.): _____

City: _____ State: _____ Zip Code: _____

Phone: (H): _____ (W): _____ (Cell): _____

E-Mail Address: _____

Professional Qualifications (please check all that apply below and attach copies of degrees, diplomas, certifications, etc.):

DVM Physical Therapist Doctor of Osteopathy (D.O.) Equine Massage Therapist Human Massage Tx

Other Animal Therapist or trainer (please describe): _____

Other (please describe): _____

By signing this application, I stipulate that the information provided above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

EDO®

Payment of Course Fees: Please send this application form together with your payment at least fifteen days prior to the start of class. Checks can be made out to The Vluggen Institute.

US Applicants mail to:

The Vluggen Institute
4402 South Congress Avenue Ste.
109
Austin, Texas 78745

European Applicants mail to:

The Vluggen Institute
Im Langental
52538 Selfkant, Germany