



Hunter Stallion Station

EQUINE VETERINARY CLINIC

Client Registration Form

Date _____

Client Name _____ Spouse _____

Mailing Address _____

City, State, Zip _____

Physical Address _____

City, State, Zip _____

Home Phone(____) _____ Work Phone(____) _____ Cell(____) _____

Employer _____ Soc. Security # _____

Spouse Employer _____ Drivers Lic. # _____

Emergency Contact _____ Phone _____

(person authorized to initiate medical services in your absence)

Payment Method: Cash Check Credit Card

CC# _____ Exp _____ Zip _____

How did you hear about us? _____

Email Address: _____

ALL FEES ARE DUE AND PAYABLE AT THE TIME OF SERVICE OR WHEN THE ANIMAL IS DISCHARGED. ACCEPTED FORMS OF PAYMENT INCLUDE ALL MAJOR CREDIT CARDS, PERSONAL CHECKS AND CASH. A \$25 FEE WILL BE CHARGED ON ALL RETURNED CHECKS. SERVICE CHARGES WILL ACCRUE EACH MONTH ON ALL OUTSTANDING BALANCES AT THE RATE OF 1.5% OR 18% PER YEAR, WITH A MINIMUM OF \$7.50 PER MONTH.

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES ON SERVICES THAT I HAVE REQUESTED OR AUTHORIZED.

SIGNATURE of RESPONSIBLE PARTY _____

Continued On Back – Please Turn Over

Mare Information

Registered Name of Mare: _____ Owner: _____
Nick Name/Barn Name: _____ Breed: _____
Registration Number: _____ Age: _____
Color and Markings: _____
Insurance Company: _____ Policy # _____
Agent: _____ Phone # _____

Foal Information

Name of Foal: _____ Colt: _____ Filly: _____
Sired by: _____ Foaled on: _____
Color and Markings: _____

Please provide dates of the following:

De-worming: _____ Type used: _____ WEE,EEE, Tetanus: _____ West Nile: _____
Flu/Rhino: _____ Pneumabort: _____ Strangles: _____ Rabies: _____
Shoeing/Trim: _____ Teeth Floated: _____ Foal Tetanus Antitoxin: _____

Breeding History

Last known foaling date: _____ Lifetime number of foals: _____

Yes	No		
_____	_____	Pregnant? In foal to: _____	Date of last breeding: _____
_____	_____	Maiden?	
_____	_____	Vulva Sutured?	
_____	_____	Did mare fail to settle?	
_____	_____	Did mare abort?	
_____	_____	Any previous complications with foaling?	
_____	_____	History of retained placenta?	
_____	_____	History of uterine infection?	
_____	_____	Cultured this season? If yes, please attach results.	
_____	_____	Any previous complications with getting in foal?	
_____	_____	Cycle every 21 days or so? If no, please explain: _____	
_____	_____	Any hormone treatment needed in the past? If yes, type of hormone given: _____	
_____	_____	Any known allergies? If yes, please list: _____	

If you answered yes to any of the following questions above, please explain: _____

Veterinarian to contact if further records are needed: _____ Phone # _____