



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

Patient Registration Form

Horse Information

Owner (if different from client) _____

Registered Name _____ Barn/Nick Name _____

Breed _____ Registration Num. _____

Age _____ Gender S _____ M _____ G _____

Color/Markings _____

Is the horse insured? _____ If yes, company _____

Policy # _____ Phone # (____) _____

Please provide most recent dates for the following

Deworm _____ Type used _____ Shoe/Trim _____ Teeth Float _____

WNV _____ WEE/EEE _____ Tetanus _____ Rabies _____ Flu _____

Rhino _____ Strangles _____

Location & Name of Barn: _____

Additional Horse #2

Owner (if different from client) _____

Registered Name _____ Barn/Nick Name _____

Breed _____ Registration Num. _____

Age _____ Gender S _____ M _____ G _____

Color/Markings _____

Is the horse insured? _____ If yes, company _____

Policy # _____ Phone # (____) _____

Please provide most recent dates for the following

Deworm _____ Type used _____ Shoe/Trim _____ Teeth Float _____

WNV _____ WEE/EEE _____ Tetanus _____ Rabies _____ Flu _____

Rhino _____ Strangles _____

Location & Name of Barn: _____

Additional Horse #3

Owner (if different from client) _____

Registered Name _____ Barn/Nick Name _____

Breed _____ Registration Num. _____

Age _____ Gender S _____ M _____ G _____

Color/Markings _____

Is the horse insured? _____ If yes, company _____

Policy # _____ Phone # (____) _____

Please provide most recent dates for the following

Deworm _____ Type used _____ Shoe/Trim _____ Teeth Float _____

WNV _____ WEE/EEE _____ Tetanus _____ Rabies _____ Flu _____

Rhino _____ Strangles _____

Location & Name of Bar: _____