

EQUINE NEW CLIENT/PATIENT -- ANIMAL FITNESS CENTER

Date: _____

Patient Name: _____ Species: _____ Breed: _____

Date of Birth: _____ Sex: Mare Gelding Stallion Color: _____

Client Name: _____ Spouse/Co-Owner: _____

Street Address: _____

City _____ State: _____ Zip code _____

Drivers' License/Social Security Number: _____

Home phone: _____ Cell: _____ Work: _____

Email Address: _____

How did you hear about our practice? _____

Veterinarian: _____ Clinic Name: _____

Address: _____ Phone Number: _____

VACCINATION HISTORY: _____

MEDICAL HISTORY: (Please list any past significant illnesses, injuries, surgeries, etc., and the dates thereof:)

REASON FOR TODAY'S VISIT:

LIST ANY TREATMENTS, MEDICATIONS OR SUPPLEMENTS GIVEN FOR THIS CONDITION:

DIET:

WHAT EVENTS DOES YOUR HORSE PARTICIPATE IN?

WHAT ARE YOU LOOKING TO ACCOMPLISH TODAY?

We will gladly prepare a written estimate of service fees if you desire (please ask our Doctor or receptionist.) I understand that fees are due at the time services are rendered and that past due accounts are subject to late fees and collection charges. There will be a service charge for any check returned unpaid.

Signature (owner/agent) _____