



# Cannon Veterinary Services

## Enrollment Form

### 2010 Equine Wellness Program

Please fill out 1 application per horse. Enrollment MUST be completed by February 1<sup>st</sup>, 2010.

**Client Information:**

Client Name: \_\_\_\_\_ Spouses Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Name & Address of horse's location: \_\_\_\_\_

Directions to barn or stable: \_\_\_\_\_

**Patient Information:**

Horses Name \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Discipline/Use \_\_\_\_\_

What preventative Healthcare has he/she received in the past? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last De-worming \_\_\_\_\_ Last Dental Exam \_\_\_\_\_

Which Vaccinations are current (Circle all that apply) EWET, FLURH, WN, STR, RABIES, PHF

What are you currently feeding your horse? \_\_\_\_\_

Is your horse currently on any medications or supplements? \_\_\_\_\_

Does your horse have any medical problems? \_\_\_\_\_

\_\_\_\_\_

Has your horse had any previous lameness problems? \_\_\_\_\_

What is your horse's insurance information? (If applicable) \_\_\_\_\_

Wellness Package: \_\_\_\_\_ per year

Payment Options:

Payment in full is required at time of enrollment.

If you prepay by cash or check – you will receive a 5 % discount.

If you choose to have a credit card on file with *CVS*, payment of ½ of the fee is required at the time of enrollment and the balance plus a \$ 30.00 handling fee will be charged to your credit card on April 1, 2010.

What payment method would you like? Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Credit Card \_\_\_\_\_

Visa Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV code \_\_\_\_\_

Master Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVVcode \_\_\_\_\_

Any declined payments or overdue accounts will result in all services to be put on hold until full payment is received.

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return a signed copy of this form to Cannon Veterinary Services at the above address.

For Office Use Only

Form Received: Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Voice Authorization Date: \_\_\_\_\_ Initials: \_\_\_\_\_