



NEW EQUINE CLIENT INFORMATION FORM

Name: _____ Spouse: _____

Home Address: _____ City/State Zip _____

Home Phone # _____ Cell Phone # _____

Email Address: _____ @ _____

Driver's License #: _____ Social Security # _____

Spouse's License #: _____ Spouse's SS # _____

Employer: _____ Phone Number # _____

Address: _____

Spouse's Employer: _____ Phone Number # _____

Address: _____

Emergency Contact: _____ Phone Number # _____

How did you hear about CVS? _____

PATIENT INFORMATION: (please attach an extra sheet for additional horses)

Registered Name: _____ Barn Name: _____

Breed: _____ Color: _____ Sex: _____ DOB: _____

Registered Name: _____ Barn Name: _____

Breed: _____ Color: _____ Sex: _____ DOB: _____

Registered Name: _____ Barn Name: _____

Breed: _____ Color: _____ Sex: _____ DOB: _____

Stabled at: _____ Phone # _____

Address _____ City/State/Zip: _____

Authorized Agent: _____ Phone # _____

I authorize my agent to make appointments or order medication for my horse(s). I give them permission to charge appointments or medications. (circle one) YES NO
Note: If your agent is not authorized, than you will have to personally authorize services each time, including emergencies.

PAYMENT PREFERENCE

In order to offer you and your horses the best service available, we do require payment at the time of service. We accept the following forms of payment Cash, Check, and Visa/Master Card

Payment at Time of Services:

Cash _____ Check _____

Credit Card Account:

Visa _____ Master Card _____ Card Holders Name _____

Credit Card # _____ Exp Date: _____ 3 Digits on back _____

I authorize Tom Winter, DVM to examine, prescribe for, or treat the above-described animal(s). I hereby accept full financial responsibility for any and all charges incurred while treating them. I agree to pay my account in full on the date the services are provided. If other billing arrangements have been previously made with CVS, I agree to pay a (\$5.00 billing charge and a 1.5% per month or 18% APR) on any unpaid balance over 30 days past due. I understand that accounts 90 days past due will be turned over to the collection agency and/or attorney. The applicant will be responsible to pay all collection costs, including court costs and attorney's fees.

I hereby declare the above information is correct. I have read, fully understand, and agree to the above terms on my account and for any charges from this date forward.

Please contact Cannon Vet Services at 651-258-4050 if any of the above information changes.

Date _____ Signature of owner _____

For Office use:

Date _____ Accepted By _____

