

In an effort to be more efficient, we ask you to complete this form for *each animal* you would like to register with us, and submit the form before contacting the office when possible. Please provide as much information as you are able, and starred fields are required. Having this information in advance will help us to be better prepared to answer your questions and handle your inquiry in a timely manner...

Client Information Form

Today's date: _____

Client Information

*Your full name: _____

*Mailing address: _____

*Street address (if different): _____

*Home phone: _____

Work phone: _____

Cell phone: _____

E-mail address(es): _____

Please indicate which of the above contact methods are preferred.

*For new clients to the practice:

Driver's License Number *(indicate State as well)*: _____

Social Security Number: _____

Payment Information:

Preferred method of payment: _____

Newsletter and e-mail address:

Would you like to receive our e-mail newsletter, Healthier Horses? _____

If you would like to specify a different e-mail address for the newsletter, please do so here:

Stable Information

Stable Name: _____

Stable street address: _____

Stable phone number: _____

Stable Manager/barn contact: _____

Directions to Stable from Route 26/100 in Gray: _____

*Animal Type/Information

Registered Name (if applicable): _____

**"Barn" Name: _____

D.O.B.: _____

Breed: _____

Color and specific markings, tattoos or brands: _____

Sex: _____

Feed Schedule: _____

Baseline Weight, Temperature, Pulse, Respiration:

Current weight: _____

Temperature: _____

Pulse (heartrate): _____

Respiratory rate: _____

Vaccination history (please write date last administered where applicable):

Rabies _____

East/West Enceph. + Tetanus _____

West Nile _____

Influenza/Rhinopneumonitis _____

Strangles (*indicate **Intranasal** or **Intramuscular***) _____

Potomac Horse Fever _____

Other? _____

Special notes: _____

Coggins history (please write date of last test and whether annual or every 3 years)

Dental history (date of last float and the name of the service provider)

De-worming history (dates of last several de-wormings and products administered)

Medical history (include current medications, current concerns, previous issues, injuries and/or illnesses: _____

If we have questions may we contact your previous veterinarian? *Please detail the Veterinarian's name, contact information and the name of the client and horse the records may be under.* _____

General questions or comments that you may have: _____
