



CLIENT REGISTRATION INFORMATION

Name _____
last first

Address _____
Street city/town state zip

Social Security Number _____ Drivers License Number _____

Home Phone _____ Cell/Mobile Phone _____

Barn Phone _____ Other Phone _____

Fax _____ Email _____

Employer _____ Work Phone Number _____

Whom may we thank for referring you to us? _____

Please list all horses to be treated, use reverse side for additional space

Patient 1
Name _____ Color _____ Breed _____
DOB _____ Sex: M G S Markings: _____

Patient 2
Name _____ Color _____ Breed _____
DOB _____ Sex: M G S Markings: _____

Patient 3
Name _____ Color _____ Breed _____
DOB _____ Sex: M G S Markings: _____

OWNER AUTHORIZATION TO PROVIDE VETERINARY CARE

I _____ am the owner / agent and have the authority to execute this authorization. I hereby authorize the veterinary practice of Florida Equine Veterinary Services, Inc. to provide veterinary care for my horse/s _____. Veterinary care includes the performance of procedures and the use of appropriate anesthetics and other medications as deemed necessary in the exercise of the practice veterinarian's professional judgment.

I further understand that I am financially responsible for payment of all fees for veterinary services, late charges and/ or collection costs as described in the practice's financial policy.

_____ Date _____ Print Name of Owner or agent for Owner _____ Signature of Owner or agent for Owner _____

BOARDED HORSES-OWNER'S AUTHORIZATION FOR STABLE OR AGENT TO OBTAIN VETERINARY CARE

I hereby authorize _____ to contact Florida Equine Veterinary Service to obtain veterinary care (routine or emergency) for _____.

_____ Date _____ Print Name of Owner or Agent for Owner _____ Signature of Owner or Agent for Owner _____