

Serenity Equine

2954 Evington Rd. Evington, VA 24550 (434) 525-2244 & 24hr Emergency (434) 845-9577

New Client Information Sheet

Owner Information:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Home phone: _____

Business phone: _____ Cell _____ Email: _____

Animal Information:

Registered Name: _____ Nickname: _____

Breed: _____ Age: _____ Sex: _____ Color: _____ Tatoo: _____

Presently stabled at: _____ Formerly stabled at: _____

Previous Veterinarian: _____

Is this horse insured? _____ Company/Agent: _____

Allergies or prior history veterinarian should know: _____

Current trainer or authorized agent for horse: _____

In case of emergency please notify: _____

The above person has my consent for authorization of treatment should I be unavailable in event of an emergency:
_____ (Owner signature)

Credit Information:

Birth date: _____ Driver's License #: _____ State: _____

Social Security #: _____ Employer: _____

Employer address: _____ Telephone: _____

Bank Reference: _____ City: _____ State: _____

Name of Spouse: _____ Spouse's employer: _____

Payment is expected in full upon receipt of services. Billing privileges must complete and sign below:

MasterCard #: _____ Exp Date: _____

Visa #: _____ Exp Date _____

I hereby agree that in the event this account does not receive payment for more than 60 days the balance will be forwarded to one of my major credit cards for payment in full.

I further agree that in the event of default in payment of any amount due, this account should be placed in the hands of any agency or attorney for collection or legal action, to pay for any additional charges incurred due to the cost of collection including agency and attorney fees and court costs incurred and permitted by laws governing these transactions.

Owner's signature _____ Date: _____

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History Report

Date: _____ Owner: _____ Telephone: _____

Owner address: _____

Animal name: _____ Age: _____ Breed: _____

Sex: _____ Registration number: _____ Owned how long? _____

Preventative Medical Program:

<u>Immunizations</u>	<u>Date</u>	<u>Other Tests</u>	<u>Date</u>
<u>Rhinopneumonitis</u>		<u>Coggins Test</u>	
<u>Influenza</u>		<u>Fecal Examination</u>	
<u>Tetanus</u>		<u>Ivermectin</u>	
<u>E & W Encephalomyelitis</u>		<u>Pyrantel Pamoate</u>	
<u>Potomac Horse Fever</u>		<u>Other dewormers</u>	
<u>Strangles</u>			
<u>West Nile Virus</u>			
<u>Rabies</u>			

Stabled with other horses? _____ New horses in stable? _____
Other horses with similar symptoms? _____ Recent travel? _____

General Health:

Attitude: _____ Appetite: _____
Exercise: _____ Diarrhea: _____
Ocular or Nasal Discharge: _____ Pruritus: _____
Sneezing: _____ Incoordination: _____
Coughing: _____ Estrus: _____
Allergies: _____

Other conditions:

Laminitis: _____ Colic: _____

Farrier History: _____
