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New Client Information Form

Our Mission:

To provide the highest quality veterinary medicine while treating our patients with compassionate care and offering people respect, integrity and understanding.

Please fill out the following information online, save and email to CEC, or print and fax or bring with you on your first appointment.

Client Information

Name: Last
Spouse's Name
Street Address
City
Phones: Home Work
Email
Whom may we thank for the referral?

First
Children Names
State Zip
Cell Barn
Best way to contact you:

Horse Information: (please complete duplicate form for additional horses)

Show/Registered Name
Breed Age Sex
Markings
Stable Name (if different than home)
Street Address
City
Is horse insured? Company/Agent contact
Does horse have allergies? To what?
Significant Previous History (*severe illness, chronic lameness, surgery. Please give approximate month/year*)

Barn Name
Color Tattoo
State Zip

Credit Information

DOB SSN
Employer
Employer Address
Bank
Preferred Payment Method
Name on Card (if different than above)
CC#

Driver License #
Employer Phone
City State
Exp Date Security Code

We accept cash, check, MC/VISA or CareCredit at the time of service.

I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including the agency and attorney fees and court costs incurred and permitted by laws governing these transactions. A 1.5% interest per month will be charged on all unpaid balances.

I have read and understand the Colorado Equine Clinic Financial Policy.

Owner Signature

Date