

Our Mission: *To provide veterinary medicine of the highest quality, to serve people with integrity and understanding, and to treat patients with dignity and respect.*

Client Information

Name (to Appear on Account): First: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ H/C/W Secondary Phone: _____ H/C/W

Email: _____

Preferred Contact Method (Circle your preferences): Text Email Phone Call

Additional Contacts (optional)

Name/Relation _____ Cell (_____) _____

Name/Relation _____ Cell (_____) _____

How did you hear about us? (please check one)

Personal Recommendation from: _____

Signage Facebook Online (e.g. Google) Other: _____

Horse Information (If more than one horse, please list additional horses on backside)

Horse's Show Name (i.e. Registered Name): _____

Horse's Barn Name (i.e. nickname): _____

Breed : _____ Date of Birth: _____

Sex: _____ Color: _____ Tattoo (if applicable): _____

Horse's Location (e.g. boarding stable, home): _____

Stable Address (if applicable): _____

Is your horse insured? _____ If so, which company/agent: _____

Trainer (Name and Contact Info): _____

Horse History: (please note any severe illness, chronic lameness, surgery, ALLERGIES, etc.)

If you have any medical records, imaging, pictures, or video please email, text, or fax them to the office

SEE NEXT PAGE

Horse #2 Information If you have additional horses please fill out another form

Horse's Show Name (i.e. Registered Name): _____

Horse's Barn Name (i.e. nickname): _____

Breed : _____ Date of Birth: _____

Sex: _____ Color: _____ Tattoo (if applicable): _____

Horse's Location (e.g. boarding stable, home): _____

Stable Address (if applicable): _____

Is your horse insured? _____ If so, which company/agent: _____

Trainer (Name and Contact Info): _____

Horse History: (please note any severe illness, chronic lameness, surgery, allergies, etc.)

If you have any medical records, imaging, pictures, or video please email, text, or fax them to the office

Optional Media Release

By checking this box, I authorize my horse to be photographed/videoed by CEC staff for educational and promotional purposes. Names will be kept anonymous, but images may be seen in a public environment.

Payment is required at the time of service.

For your convenience, we accept Visa, Mastercard, Discover, cash, check, or certain payment plans with Care Credit.

Please check one: Cash Check Credit/Debit Card Care Credit

If you would like it to be stored in our secure portal for future use, please check this box
 Please call us with your credit card information if you would like us to keep a card on file.

Your signature certifies that you own the above described animal(s) and agree to provide payment at the time of service, as outlined above.

Printed Name: _____

Signature: _____

Date: _____