

KIRK E. POLLARD, D.V.M.  
SHERYL C. RATHFELDER, D.V.M.  
DANIELLE L. KEATING, D.V.M.  
BRIGID A. MURPHY, D.V.M.



DAVID G. TRESER, D.V.M.  
JACQUELINE E. JOHNSON, D.V.M.  
VALENA L. WASMUND, D.V.M.

## NEW CLIENT INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (  Preferred) Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (  Preferred)

1) Horse Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Circle One: Mare | Gelding | Stud

Location Of Horse:  Your Residence  Stable/Other

Stable/Other Address: \_\_\_\_\_ Stall # (if applicable) \_\_\_\_\_

2) Horse Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Circle One: Mare | Gelding | Stud

Location Of Horse:  Your Residence  Stable/Other

Stable/Other Address: \_\_\_\_\_ Stall # (if applicable) \_\_\_\_\_

3) Horse Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Circle One: Mare | Gelding | Stud

Location Of Horse:  Your Residence  Stable/Other

Stable/Other Address: \_\_\_\_\_ Stall # (if applicable) \_\_\_\_\_

*Please use back of sheet to add additional horses*

### Emergency Contacts:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Who can authorize treatment in your absence:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

For your convenience, would you like to have a credit card on file for your EVA charges? Yes | No

MC/VISA/AMEX : \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_

**Statement / Invoice (Billing):** Payment is required at the time of service. If special arrangements are made with the Doctor, payment will still be required upon receipt of statement / invoice.

*I verify ALL the above is correct and agreed to:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_