

EQUINE VETERINARY ASSOCIATES  
1250 N. LAKEVIEW AVE., SUITE L  
ANAHEIM, CA 92807  
PHONE: 714-777-3942 FAX: 714-695-1521 EMAIL: Office@evaequinevet.com  
www.evaequinevet.com

NEW CLIENT INFORMATION SHEET

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text OK? Yes No (circle one)

E-mail: \_\_\_\_\_

*Names of horse(s):*

*Age:*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Please use back of sheet to add additional horses.*

*Stable Name & Address, Stall # where applicable:* \_\_\_\_\_

*Emergency Contacts & Phone Numbers:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Who can authorize treatment in your absence:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

For your convenience, would you like to have a credit card on file for your EVA charges?

MC/VISA/AMEX: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Sec code \_\_\_\_\_