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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 & Phone Numbers:

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/DISC : _____ 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: _____ / _____ / _____