



16895 Hanks Grove
 Peyton, Colorado 80831
 (719) 749-9500

*Quality and Concern in
 Equine Practice*

Client Information Form

Name _____

Address _____ Last _____ First _____ Spouse's Name _____

Telephone (_____) _____ / (_____) _____ / (_____) _____ Street _____ City/Town _____ State _____ Zip Code _____

Home _____ Work _____ Cell _____

ANIMAL INFORMATION: (Use back for additional animals)

Full Name	Barn Name	Breed	Age	Sex	Color	Weight
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

MEDICAL HISTORY: (Give date of most recent administration)

Name	Tetanus	EEE/WEE	Influenza	Rhino	Strangles	Rabies	PHF	Coggins	Deworm	Dental	WNV

GENERAL INFORMATION: Previously stabled at: _____ Previous Vet: _____

Known allergies, prior history, behavioral information _____

Current Trainer/Agent _____ Phone : (_____) _____ - _____

CREDIT INFORMATION: Driver's License# _____ State _____

Employer: _____ Phone : (_____) _____ - _____

Employer Address: _____ City: _____ State: _____

CREDIT CARD INFORMATION:

****All new clients must provide a credit card number plus the authorization for the card to be kept on file to guarantee payment of services rendered over 30 days from date of service.**

Cardholder name as it appears on credit card: _____

VISA/MC Number: _____ Expiration Date: _____

3 digit Authorization Code

I authorize the use of this credit card for veterinary services performed by Colorado Equine Veterinary Service, LLC. I also understand and agree that this authorization to pay any past due balance with my credit card remains in effect – until cancelled by me with 30 days written notice.

Date: _____ Signature: _____