



Welcome Form (New Client Form)

Your Name	Spouse/Other
<input type="text"/>	<input type="text"/>

Mailing Address	City, State, Zip
<input type="text"/>	<input type="text"/>

Physical Address (if different from above)	City, State, Zip
<input type="text"/>	<input type="text"/>

Primary Phone	Secondary Phone
<input type="text"/>	<input type="text"/>

Emergency Contact Name	Emergency Contact Phone
<input type="text"/>	<input type="text"/>

Email Address *Please print clearly below & leave spaces in between letters*

Pet Information

Pet's Name	Horse	Other	Breed	Color	Sex	Altered	Medical Alerts
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Previous Animal Hospital	Phone Number
<input type="text"/>	<input type="text"/>

How Did You Hear About Us? (please check one)

- Yellow Pages
 Hospital Sign
 Website
 Previous Client
 Other: _____
 Personal Recommendation from: _____



Other People Authorized to Request Treatment

Name:	Over 18 (Y/N)	Can They Make Medical Decisions (Y/N)

Name:	Over 18 (Y/N)	Can They Make Medical Decisions (Y/N)

Preferred Method of Payment (please check one)

- Cash Check CC (VISA/MC/Discover) Care Credit

Photography Authorization

Here at _____ Southern Equine we love to celebrate our patients and share pictures on our website and social media channels. Do you authorize _____ Southern Equine to use any photos of you and/or your pet's taken during your visit with us? Yes No

A treatment plan will be prepared for you when diagnostics are recommended. By signing below, you assume responsibility for all charges incurred in the care of the animal's names above. ALL PROFESSIONAL FEES ARE DUE THE TIME SERVICES ARE RENDERED. There will be a \$50.00 service charge for any check returned unpaid. _____

Signature of Responsible Agent for Pet(s)	Date