



Westview Veterinary Hospital, Inc.  
3032 Napoleon Road, Fremont, Ohio 43420  
419-332-5871

### EQUINE CLIENT INFORMATION

#### Owner Information:

Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

#### Horse(s):

Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Color: \_\_\_\_\_

Are you leasing this horse?  
YES NO

If yes, who is the owner?  
\_\_\_\_\_

Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Color: \_\_\_\_\_

Are you leasing this horse?  
YES NO

If yes, who is the owner?  
\_\_\_\_\_

Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Color: \_\_\_\_\_

Are you leasing this horse?  
YES NO

If yes, who is the owner?  
\_\_\_\_\_

Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Color: \_\_\_\_\_

Are you leasing this horse?  
YES NO

If yes, who is the owner?  
\_\_\_\_\_

#### Address where horse(s) are located (if not the same as above):

\_\_\_\_\_

Please list any additional names who are permitted to make medical decisions for your horse(s) (i.e. trainers, barn owners, family members, etc.)

Name:  
1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

Phone Number:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT AGREEMENT

**Payment is required in full at the time of the services rendered for all farm call and haul-in appointments.** We accept cash, check, credit card (Visa, Mastercard, Discover, American Express), and Care Credit. There will be a 3% merchant fee on all credit and debit transactions.

If you wish to keep a credit card on file for future use, please fill out the information below. By keeping a credit card on file, this card will be run after each appointment for the full balance on the account.

### CREDIT CARD INFORMATION

Circle - VISA      MASTERCARD      DISCOVER      AM EX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### BILLING INFORMATION (if different than above)

Name on Card: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address for card: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### Communication preferences:

\_\_\_\_\_ I prefer a **mailed** copy of my receipts

\_\_\_\_\_ I prefer an **e-mailed** copy of my receipts.

**Email Address:** \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, and treat my horse(s). I assume responsibility for all charges incurred in the care of my horse(s). I also understand that these charges will be paid at the time of services rendered and that a deposit is required for treatment or hospitalization.

\_\_\_\_\_  
Signature of responsible Owner/agent

\_\_\_\_\_  
Date

### SOCIAL MEDIA RELEASE:

I, the undersigned, do hereby grant Westview Veterinary Hospital, Inc., its representatives, and employees the right to take photographs of my horse(s). I also hereby grant to Westview Veterinary Hospital, Inc., the right to copyright, use and publish the same in print and/or electronically as they see fit. I further agree that Westview Veterinary Hospital, Inc. may use said photographs for any lawful purpose, including but not limited to such purposes as publicity, illustration and/or website content.      **ACCEPT** \_\_\_\_\_      **DECLINE** \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible owner/agent

\_\_\_\_\_  
Date