

# Horse & Hound

## CLIENT INFORMATION FORM

### PRIMARY CONTACT

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_


Phone \_\_\_\_\_  Ok to text Email \_\_\_\_\_

Horse Location, If Different: \_\_\_\_\_

I approve the following person(s) / facilities to order treatment(s) on my behalf (ex: boarding barn, trainer, etc)


\_\_\_\_\_

### HORSE INFORMATION

 Registered Name \_\_\_\_\_ Barn Name \_\_\_\_\_

Age \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_  Mare  Gelding  Stallion

Primary Use \_\_\_\_\_

 Registered Name \_\_\_\_\_ Barn Name \_\_\_\_\_

Age \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_  Mare  Gelding  Stallion

Primary Use \_\_\_\_\_

 Registered Name \_\_\_\_\_ Barn Name \_\_\_\_\_

Age \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_  Mare  Gelding  Stallion

Primary Use \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Are we allowed to share photos of your horse on our social media account?  Yes  No

Previous Veterinary Clinic: \_\_\_\_\_

We strive to provide safe, proven, and effective products and medications for our clientele and patients. This includes our in-house, online, and partnering compounding pharmacies, which provide multiple avenues for medication types and dosing. For prescriptions to third-party pharmacies in which product legitimacy and storage cannot be guaranteed, we require a prescription waiver and physical written prescription to be obtained at our clinic.

I, the undersigned, owner of the above listed animals (& future animals), understand that I am fully financially responsible for all services at the time rendered. I realize if I fail to pay, I am liable for all collection costs and/or court fees incurred for this account. Future services may be withheld if there is an outstanding balance.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

*\*All information is confidential. Patient records will not be released without consent of the owner.*