



3H Mobile Veterinary Services New Client Form

Client Information:

Name: _____

Spouse/Significant other (if applicable): _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email Address: _____

Preferred Method of Contact:

- ☐ Call
☐ Text
☐ Email
☐ Other: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Barn Information: Where your horse(s) live if different from your residence.

Name: _____

Trainer/Barn Manager (if applicable): _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Do I have your permission to share/release information about your horse's care with your trainer/barn manager?
(circle one) YES NO

Does your trainer or barn manager have your permission to make decisions about your horse's care, including costs? (circle one) YES NO

If yes, the financial limit of your trainer or barn manager's authority is: _____

Horse Information: Please fill out a separate form for each horse.

Name: _____ Age/DOB: _____

Registered Name (if applicable): _____

Breed: _____ Color: _____

Gender: (circle one) Mare Gelding Stallion

Microchip #/Tattoo (if applicable): _____

Primary Use of Horse:

- ☐ Pleasure
- ☐ Competitive Sport
- ☐ Breeding
- ☐ Working Ranch
- ☐ Other: _____

Date of Last Veterinary Visit (if known): _____

Is your horse currently on any medications or supplements?

- ☐ Yes (Please list): _____
- ☐ No

Is your horse under the care of any other equine professional(s) (veterinarian, chiropractor, etc.)? If so, please list below.

Do I have your permission to share/release information about your horse's care with the individual(s) listed above? (circle one) YES NO

Health History:

Has your horse had any previous health issues or surgeries? If so, please explain.

Is your horse up to date on core vaccinations (Rabies, Tetanus, West Nile, EEE/WEE)? (circle one) YES NO

Is your horse currently on a deworming schedule? (circle one)
YES NO

Does your horse have any known allergies or sensitivities? If so, please specify.

Is your horse covered under major medical or mortality insurance? If so, please list the insurance company name and phone. _____

Payment Information:

- ☐ Credit/Debit Card - There will be a 3% fee added to card payments.
- ☐ Zelle (payments made to dr.emily@3hmobilevet.com)
- ☐ Check (make payable to 3H Mobile Veterinary Services)
- ☐ Cash

Billing Address (if different from above address):

Address: _____

City, State, Zip: _____

Optional Questions:

1. Are you interested in hearing about alternative therapy options for your horse(s), such as acupuncture and herbal supplements? (circle one) YES NO

2. How did you hear about 3H Mobile Vet?

- ☐ Facebook
- ☐ Website
- ☐ Individual _____
- ☐ Other _____

Consent & Acknowledgment:

By signing below, you agree to the following:

- To your knowledge, the information you have provided above is true and accurate and you are the owner or agent of the horse(s) listed above.
- In your absence or in the event that you are not reachable during an emergency for your horse(s), you authorize the following individual to act as your Agent to make medical decisions for your horse.

Name/Phone: _____

- You authorize for your horse to be vaccinated for Rabies if they have not been vaccinated within the last year. Proof of current vaccination status or vaccine titers must be provided, otherwise we have the right to refuse service. Please provide documentation if prior vaccine reaction has been managed by a veterinarian.
- You acknowledge that you are responsible for any fees associated with services rendered **at time of service and/or upon receipt of invoice**, unless prior arrangements are made with Dr. Emily.
- You acknowledge that if payment is not received within 60 days, there will be a 1.5% compounded interest rate per month, or the maximum allowed by law, on unpaid balances to your account and your account will be considered "Inactive." After 6-months of non-payment, unpaid balances will be sent to a collection service.
- I authorize Dr. Emily Hughes and 3H Mobile Veterinary Services (the "Practice") to perform procedures on my animal(s), including anesthesia and sedation, as well as, performing necessary veterinary treatments (such as vaccine administration). I have had the opportunity to ask questions and those questions have been answered to my satisfaction. The nature of such services has been described to me to my satisfaction and I realize that no guarantee can be made regarding the results or cure. I understand there are inherent risks with anesthesia, sedation and other medical procedures, including death. I consent to the risks associated with services provided by the Practice. I authorize the Practice and its staff, in an emergency situation, to perform procedures that are

necessary for the well-being of my animal on a continuing basis until further communication with me. I assume financial responsibility for all services rendered. The undersigned, if not the Client/Owner noted above, presents and warrants that he/she is signing on behalf of and with full authority to legally bind Client/Owner.

- ***WARNING UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.***

Signature: _____

Date: _____