



Client/Patient Information Form

Client/Owner Name: _____

Address: _____

Phone: Cell: _____ Home: _____ work: _____

Horse Stabled at: _____ barn # _____

Email address: _____

Directions: _____

Horse Description

Show Name	Barn Name	Age	Breed	Sex*	Color
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*F= female G= gelding M=male

I hereby authorize Lea Harvey, DVM, mobile equine practice to perform veterinary services on my horse(s). I understand that fees are payable at time of service. Those fees are payable with cash, check, Visa, Mastercard or Care Credit. Accounts not paid in full will be charged a 1.5% per month on the balance. If legal action is necessary to collect unpaid fees, all costs of collection will be charged to the debtor. A copy of our financial policy is available on line or by request.

Signature: _____ Date: _____

Is horse insured? _____ If so with whom? _____

(please note insurance information will need to be available with the horse)