Check–In: EQUINE Date: \_\_\_\_\_\_\_\_\_\_\_\_

Client Information

Account holder:

Address:

Home phone:

Work phone:

Cell phone:

Email:

Employer:

Spouse/Other:

Spouse work phone:

Spouse cell phone:

Spouse email:

Spouse employer:

Children:

Emergency phone:

Emergency contact:

Patient Information

Name:

Species:

Breed:

Color:

DOB/Age:

Sex:

Weight:

Allergy:

Directions

Today’s Desires

Procedures

❑ Current vaccinations  ❑ Float teeth  ❑ Ultrasound

❑ Wellness exam  ❑ Clean sheath  ❑ Lameness exam

❑ Coggins test  ❑ Pre-purchase exam  ❑ Deworming

More Concerns

Consultation:

Blood tests:

Health concerns today:

Refills on:

Products to take home:

Authorization Current Balance: $

❑ I certify that the above information is current and correct.

❑ I understand that I am financially responsible for all charges.

❑ I intend to pay today via: ❑ Cash  ❑ Check  ❑ Credit Card  ❑ Debit Card  ❑ Money Order  ❑ Care Credit

❑ I understand that a 1.5% billing fee (minimum of $3.00) is assessed to all overdue accounts after 30 days.

Signature:   ❑ Account holder  ❑ Spouse/Other  ❑ Child