



## 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