

Excellent care, close to home.



Client Information

Owners Last Name: _____ First Name: _____ M: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____ Fax: _____
E-mail _____
Social Security # _____ or Drivers Lic#: _____
Additional Owner / Contacts: _____

Patient Information

Horses Name: _____ Breed: _____ Sex: _____
Date of Birth: _____ Color: _____ Date of last Coggins: _____
Date of last vaccination: _____ Date of Tetanus booster: _____
Diet: _____ Housing: _____
Use: _____ Current Medications: _____
Previous Problems: _____
Insurance Company: _____
Referring Veterinarian: _____ Phone Number: _____
Trainer Name: _____ Phone: _____
Farm Name: _____

Consent for Treatment

I hereby authorize the veterinarians at The Morrie Waud Equine Center or their assistants to examine and/or perform the necessary procedures. If any unforeseen condition arises during the course of the procedures which in their judgment call for additional to or different from those originally described, I further authorize them to do whatever is necessary to avoid unnecessary suffering by the animal (including euthanasia). I acknowledge that no guarantee has been made as to the results that may be obtained. Complications of treatment have been explained to me.
I am the legal owner or representative of the legal owner of the animal being presented and I am over the age of 18 years.

Signature _____

Date _____

Financial Policy

Payment in full is required at the completion of services. In order to secure your account with The Morrie Waud Equine Center, a credit card is required. Deposits are required in some cases. Final payment may be made by credit card, cash, or check. Please note all returned checks will be charged a \$35 fee.

Credit Card / Care Credit Number: _____ Exp: _____

We accept Visa, Mastercard, or American Express

Signature: _____ Date: _____