

Welcome!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

Registration

Today's Date _____

Your Name: _____ Spouse/Other: _____

Your Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____

Preferred Method of Communication:

Telephone _____ Mail _____ E-mail _____ Other _____

Driver's License Number: _____ Spouse's DL Number: _____

Employer: _____ Spouse's Employer: _____

Emergency Contact: _____ Phone: (____) _____

What brought you to Country Animal Hospital?

Yellow Pages _____ Newspaper Ad _____ Word of Mouth _____

Search Engine _____ Website _____ Other _____

Horse's Health History

Horse's Name: _____

Breed: _____ Color: _____

Date of Birth/Age: _____ Gender: (Please circle one) Mare Stallion Gelding

Vaccination History (Date and Type):

When was the last time you dewormed your horse and what did you use?

What are you feeding your horse?

Chronic Ailments: _____

Continuous Medications: _____

Authorization

Payment is expected at time of service unless other arrangements are made in advance.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release. I have read and understand CAH's financial policy.

Signature _____ Date _____