



Equine Client Information Form

Owner or owner's representative to complete:

Owner: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Handler/Trainer: \_\_\_\_\_ Phone: \_\_\_\_\_

Hores'e Name: \_\_\_\_\_ STALLION • GELDING • MARE

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Problems/Symptoms/Current Medications: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Referring DVM: \_\_\_\_\_ Hospital: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Regular DVM: \_\_\_\_\_ Hospital: \_\_\_\_\_

(If different from referring DVM)

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

REQUIRED CREDIT CARD INFORMATION \*\*required to confirm appointment\*\*

Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as in appears on card: \_\_\_\_\_ Billing Address Zip Code: \_\_\_\_\_

I authorize and direct the veterinarians at Eye Care for Animals to diagnose, prescribe, perform minor therapeutic procedures, that their judgement may dictate to be advisable for the patient's well being. No warranty or guarantee has been made as to the results or cure. I also authorize communication with the insurance company listed above as needed.

ALL FEES ARE REQUIRED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT.

In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all cost included in unpaid balance, including a reasoanble collection and/or attorney's fees.

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

To be completed by ECFA:

Date/Time of Initial Call: \_\_\_\_\_ CCR: \_\_\_\_\_ Caller: rDVM Handler/Trainer Owner

Appointment Date/Time: \_\_\_\_\_ Equine Facility Location: \_\_\_\_\_

Facility Contacted: Yes No Name of Contact: \_\_\_\_\_ Date/Time of Contact: \_\_\_\_\_ Initials: \_\_\_\_\_

EQ Client Contacted to Confirm: Yes No Name of Contact: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Initials: \_\_\_\_\_