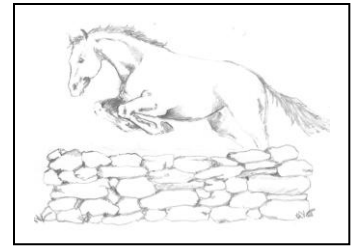


The Equine Clinic at OakenCroft
880 Bridge Street, Ravena, NY 12143
Ph: 518-767-2906 Fax: 518-767-3503



New Client Information Form

Owner(s) Information:

Name: _____

Address: _____

Phone: _____ Work Ph: _____ Fax: _____ Email: _____

Name/Phone of Other(s) Authorized to call in for work to be done:

General Information:

Previously stabled at: _____ Ph: _____

Previous Veterinarian: _____ Reason for changing veterinarians: _____

Insurance carrier: _____ Ph: _____

Insurance coverage: (mortality) (surgical) (major medical) (loss of use)

Known allergies, prior history, behavioral information: _____

Current Trainer/Agent: _____ Ph: _____

Current location of horse: (home) (trainer) (stable) (other): _____

Please write directions to where horse is located below:

Credit/Payment Policy: Payment is required at time of service.

[PLEASE INITIAL] I will always pay at the time of service with Cash or Check.

[PLEASE INITIAL] I authorize The Equine Clinic at OakenCroft to charge my credit card at time of service.

Card#: _____ V/MC Name on Card _____ Exp date: _____

I, the undersigned, acknowledge the credit terms outlined above. Furthermore, I hereby agree that in the event of default in the payment of an amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay the additional charge equal to the cost of collection, including agency and attorney fees and court costs incurred, and permitted by laws governing these transactions.

Owners Signature: _____ Date: _____

(OVER)

