



**RICK J WOLFE DVM**  
**EDDIE L MOORE DVM**  
**MAKENSIE R MOORE DVM**

EQUINE MEDICINE AND SURGERY

(318) 949-9250  
 After Hours 318-227-7913  
 5694 Hwy 80  
 Princeton, La 71067

Thank you for giving us the opportunity to care for your animal. So that we may become better acquainted with you, please complete the following:

Date \_\_\_\_\_

**NEW CLIENT INFORMATION:**

OWNER'S NAME \_\_\_\_\_ SPOUSE/OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ SPOUSE PHONE \_\_\_\_\_

BEST TIME OF DAY TO CALL \_\_\_\_\_ EMAIL \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE CALL \_\_\_\_\_

PLEASE LIST OTHER ANIMALS IN HOUSEHOLD \_\_\_\_\_

HOW DID YOU HEAR ABOUT US \_\_\_\_\_

TRAINER/STABLE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

**ANIMAL INFORMATION:**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX: MALE  CASTRATE MALE  FEMALE

SPECIES \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_ WEIGHT \_\_\_\_\_

VACCINATION HISTORY (Date and type of last vaccinations) \_\_\_\_\_

DEWORMING HISTORY \_\_\_\_\_

CURRENT DIET \_\_\_\_\_ CURRENT MEDICATIONS \_\_\_\_\_

IS THE ANIMAL INSURED? YES  NO  REASON FOR VISIT \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe, or treat the above described horse. I assume responsibility for all charges incurred for the care of this animal. I understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_ Method of Payment Cash Check Credit Card