



New Client/Patient Information Form & Consent to Treat

Owner Information:

Name: _____ Spouse/Agent: _____
Mailing Address: _____
City/State/Zip: _____
Physical Address (if different from above): _____
Phone: Cell: _____ Home: _____ Work: _____
E-mail address: _____

Farm Information: Same as Owner Address

Name: _____ Manager: _____
Address: _____
City/State/Zip: _____
Phone: _____ E-mail: _____

Insurance Information: *Are horses insured? Yes No*

Insurance carrier: _____ Phone: _____
Contact name (at insurance company): _____
Type of insurance: Major medical / Surgical / Mortality / Loss of use
Horses covered: _____

Preferred Payment Method:

- Payment at time of service - cash, check, VISA or MasterCard
 Credit card on file (please fill out and sign a credit card authorization form)

**Please see reverse side for horse information.*

I, the undersigned owner of or owner's agent, hereby authorize Dr. VanWinkle of Gulf Coast Equine Veterinary Services, Inc. to perform veterinary services on my horse(s). My agreement to pay for veterinary care is implied upon my calling to schedule an appointment for routine medical/surgical care or for emergency services. I understand that payment is due at the time of service. Credit will be extended and services billed with prior approval. In these cases the account is payable in full within 30 days. Accounts not paid in full will be charged interest of 1.5% per month on the balance and any additional services will have to be charged to a credit card or paid in advance. I understand that if any legal action is necessary to collect unpaid invoices, all costs of collection will be charged to the debtor/owner.

Signature: _____ Date: _____



<i>Full Name</i>	<i>Barn Name</i>	<i>Gender (S,M,G)</i>	<i>Breed</i>	<i>Age</i>	<i>Color</i>	<i>Tattoo</i>

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