



CHASTAIN
~ equine medicine ~

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**EQUINE WELLNESS EQ
ENROLLMENT FORM**

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____ Fax _____

Email _____ Cell Phone _____

Performance EQ \$650.00 _____ # of Horses to Enroll \$ _____

Active EQ \$450.00 _____ # of Horses to Enroll \$ _____

Basic EQ \$250.00 _____ # of Horses to Enroll \$ _____

10% Discount on Horses 3+ <\$ _____ >

Sub Total \$ _____

NMGRT \$ _____

Total \$ _____

Enrollment automatically renews each year. Please provide written notice of cancellation.

Cardholder Name _____

Credit Card Number _____

Card Type _____ Expiration _____ CVV _____

1. I am the Owner of the above named animal(s) and am responsible for it and have the authority to execute this consent.
2. I hereby authorize the use of such anesthetics as you deem advisable and the performance of such surgical and therapeutic procedures as you determine to be indicated and have been informed of the risks inherent in their use.
3. If the patient is insured, I agree that it is my responsibility to notify the insurance company as required by the terms of the policy. If the Insurance company should request information from Alan D. Chastain DVM, I authorize you to release that information.
4. I consent to taking of any photographs, moving pictures, images or other visual aids in the course of treatment, for the purpose of treatment and advancing veterinary medical knowledge.
5. I have read and understand the Terms and Conditions of the Equine Wellness Program including inclusions, exclusions, refunds and fees.

Please include additional pages with Horse information

Signature _____ Date _____



EQUINE WELLNESS PROGRAM ENROLLMENT FORM

Owner Name _____ PAGE _____ OF _____

Registered Name _____ Barn Name _____

Breed _____ Age _____ Color _____

Insured _____ Sex _____ Tattoo or Brand ID _____

Please list last treated dates for the following:

Coggins _____ Dental _____ Dewormer _____ Health Exam _____

Tetanus _____ EEE/WEE _____ WNR _____ Rabies _____

Registered Name _____ Barn Name _____

Breed _____ Age _____ Color _____

Insured _____ Sex _____ Tattoo or Brand ID _____

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