



NEW CLIENT FORM

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____ Fax _____

Email _____ Cell Phone _____

PAYMENT INFORMATION

Effective Communication and understanding of practice fees and financial policy are vital to establish and maintain a rewarding professional relationship between client and veterinarian.

- This form must be complete and in our files for us to provide veterinary care (routine or emergency) for a patient.
- Payment of fees is due at the time that veterinary services are rendered, payments are accepted in Cash, Check, Debit Card, Visa, Mastercard and Discover.
- If your horse is insured, please plan on paying for our veterinary services directly. We do not bill insurance companies only patient owners. Insurance arrangements do not affect when payment for veterinary services is due.
- If you are unable to be present at the appointment, please leave a payment check at the location, complete a credit card authorization, or call our office in advance to give us your credit card information for payment.
- Accounts not paid within 30 days begin accruing interest at 18% per annum (1.5% per month). If your account is charged interest, you are responsible for the interest and it should be included with your payment.

Charge my card after each visit.

Pay by cash or check at the time of the appointment.

*A fee of \$25.00 will be charged for each check returned for non payment.

Cardholder's Name _____

Card Type _____ Card # _____ Exp _____

Signature _____ Date _____

Owner Name _____

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 _____

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 _____

Please list last treated dates for the following:

Coggins _____ Dental _____ Dewormer _____ Health Exam _____

Tetanus _____ EEE/WEE _____ WNR _____ Rabies _____

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.

Signature _____

Date _____

Owner Name _____

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 _____

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 _____

Please list last treated dates for the following:

Coggins _____ Dental _____ Dewormer _____ Health Exam _____

Tetanus _____ EEE/WEE _____ WNR _____ Rabies _____

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.

Signature _____

Date _____