



**ADVANCED
EQUINE**
OF THE HUDSON VALLEY

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JEREMY D. FREDERICK
DVM, DACVIM, CVA

CHRISTINE WHALIN
DVM

CLIENT REGISTRATION FORM

TODAY'S DATE _____

NAME: _____

LAST FIRST MI

ADDRESS: _____

STREET CITY STATE ZIP

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE _____ E-MAIL ADDRESS _____

SPOUSE/CO-OWNER'S NAME: _____

EMERGENCY CONTACT: _____ CELL: _____

HOW DID YOU HEAR ABOUT US? _____

CLIENT REFERRAL(PLEASE GIVE CLIENT NAME), YELLOW PAGES, SIGN, MEDIA

HORSE'S NAME: _____ DATE OF BIRTH: _____ SEX: _____

BREED: _____ COLOR _____

CURRENT MEDICATIONS/ALLERGIES: _____

PREVIOUS VETERINARIAN FROMWHOM RECORDS MAY BE REQUESTED: _____

I DO _____ DO NOT _____ AUTHORIZE ADVANCED EQUINE TO USE MY/MY HORSES IMAGE FOR SOCIAL MEDIA/WEBSITE/PROMOTIONAL USE.

I HEREBY AUTHORIZE THE VETERINARIANS TO EXAMINE, PRESCRIBE FOR OR TREAT HORSES THAT BELONG TO ME OR ARE UNDER MY DIRECT CARE.

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THESE ANIMALS, INCLUDING CONSULTATION FEES FOR TELEPHONE, VERBAL AND WRITTEN COMMUNICATIONS AND FEES FOR ANY DOCUMENTATION INCLUDING OUTSIDE PRESCRIPTIONS. ALL UNPAID BALANCES WILL ACCRUE A FINANCE CHARGE OF 1.5% PER MONTH AND A \$3.00 BILLING CHARGE. IN THE EVENT THAT FEES ARE NOT PAID AS DELINEATED ABOVE, I AGREE TO PAY ANY AND ALL COLLECTION AND/OR ATTORNEY'S FEES INCURRED:

IF PAYING BY CHECK PLEASE INCLUDE DRIVERS LICENSE NUMBER _____

SIGNATURE OF OWNER OR AGENT: _____