



**ADVANCED  
EQUINE**  
OF THE HUDSON VALLEY

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**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: \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

CLIENT REFERRAL(PLEASE GIVE CLIENT NAME), GOOGLE, FACEBOOK, ETC.

| HORSE'S NAME | AGE or DOB | SEX | BREED | COLOR |
|--------------|------------|-----|-------|-------|
|              |            |     |       |       |
|              |            |     |       |       |
|              |            |     |       |       |
|              |            |     |       |       |

PREVIOUS VETERINARIAN FROMWHOM RECORDS MAY BE REQUESTED: \_\_\_\_\_

STABLE WHERE HORSES ARE LOCATED (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

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:

SIGNATURE OF OWNER OR AGENT: \_\_\_\_\_