



Client Information

Name: _____

Mailing Address: _____

Horse Address: _____

Email: _____

Home Phone: _____ Cell: _____ Work: _____

Best place to reach you? Home Cell Work

Barn/ Trainer (if applicable): _____

Animal Information

Name	Nick Name	Year of Birth	Breed	Sex	Color

Authorization for services by someone other than yourself:

Please list any names and phone numbers of people who are authorized to make medical decisions for your animals in case you cannot be reached.

Name	Relationship	Phone Number

Emergency Coverage:

We know how important it is for people to find reliable emergency coverage and pride ourselves on being readily available to care for our patients and clients when an emergency arises. In order to guarantee 24/7 ER coverage, and direct access to team members who field the ER calls (no answering service!), we require our clients to maintain a standard of care (SOC) for their horse with us.

If you choose not to schedule us for SOC visits, we are still available for non-routine care appointments, but cannot guarantee ER coverage. Please also note that we cannot guarantee ER coverage for patients located in New Jersey.

By limiting our availability to those who are fully utilizing our services, we can guarantee quick and efficient emergency coverage for you. Standard of Care for Clay Creek Equine patients includes:

- Annual Wellness Exam
- Biannual Vaccinations
- Annual Oral Exam and Dental Float
- Annual Fecal Egg Count with Biannual Deworming

Please initial below to confirm that you have read and understood the above. Initial: _____

Communications:

How did you find out about us?

Internet Social Media Advertisement Personal Referral: _____

Please check below to give permission for the following:

- I give permission for my animal's photo to be used on social media by Clay Creek Equine.
- I would like to be added to the educational newsletter produced by Clay Creek Equine. No spam, ever!

Payment Agreement:

Please select one option below.

- Automatic Charging:
 - *Your card on file will be automatically charged at the time of service.*
- Online Billing:
 - *You will be invoiced electronically at the time of service and may pay the balance via cash, check, or credit card. You must maintain a current card on file which will be charged for any outstanding balance 14 days after the invoice is issued.*
- Payment at Time of Service:
 - *If you do not wish to leave a card on file, you may pay by cash, check, or credit card at the time of service. Please note that this policy will also apply for emergency visits.*

I understand that if my account should become delinquent past 14 days, the credit card on file will be charged for the full balance on my account. If I have not listed a credit card, I fully assume the financial responsibilities on this account. 2% interest (annual rate of .24) will be added monthly from date of service if not paid in full within 30 days from invoice. Customer agrees to be responsible for all additional fees including, but not limited to, collection fees (up to 50%), court costs and attorney fees.

Signature: _____ Date: _____

Credit Card Information:

Type: VISA MC AMEX DISCOVER

Name on Card: _____

Number: _____

Expiration Date: _____

CVV: _____

Address (If different than the one listed above):

This page will be destroyed immediately after entry into our encrypted online payment portal. The utmost care is taken with your personal information.

