**CLIENT REGISTRATION**

|  |  |
| --- | --- |
| **DATE:**  | **NEW CLIENT: YES NO**  |
| **OWNER :**  | **HOME PHONE:**  |
| **ADDRESS:**  | **WORK PHONE:** |
| **MAILING ADDRESS:** | **MOBILE PHONE:**  |
| **CITY & ZIP:** | **EMAIL:**  |
| **REFERRED BY:** |
| **REFERRING VETERINARIAN:** |
| **REASON FOR APPOINTMENT:** |

**PATIENT REGISTRATION**

|  |  |
| --- | --- |
| **REGISTERED NAME:**  | **NICKNAME:**  |
| **COLOR:**  | **PATIENT’S ID #:**  |
| **BREED:**  | **DATE OF BIRTH:** |
| **CURRENT DIET:** | **MARE GELDING STALLION** |
| **LAST VACCINE DATE:** | **CURRENT USE** |
|  **TETANUS: SLEEPING SICKNESS:** | **WEST NILE VIRUS:** |
|  **RHINO: STRANGLES:** | **OTHER:** |
| **LAST DEWORMING DATES:** |  |
|  **MEDICATION:** | **DATE: FREQUENCY:** |
|  |  |
| **CURRENT/RECENT MEDICATIONS:** |  **DATE:** |
| **OTHER MEDICAL HISTORY/SPECIAL CONDITIONS:** |
|  |

**INSURANCE**

|  |
| --- |
| **IS THIS HORSE INSURED? YES NO** |
| **INSURANCE COMPANY: POLICY NUMBER:** |

**AUTHORIZATION FOR TREATMENT AND/OR SURGERY**

I **authorize Sawtooth Equine to perform medical and/or surgical procedures on the above animal for diagnosis and treatment. I acknowledge no guarantee of successful treatment has been made and unforeseen complications may occur during any test, treatment, or procedure. The attending doctor has discussed the patient’s condition, treatment plan and prognosis with me. The anticipated costs of treatment(s) have been discussed to my satisfaction. I understand that I can terminate treatment at any time by contacting the attending doctor in charge of the patient’s care.**

**FINANCIAL RESPONSIBILITY**

**I understand and agree that payment for all medications, supplies and/ or services including insurance claims are due in full immediately at the time of service. A deposit at the time of hospital admission may also be required.**

**Monthly payment plans need to be pre-approved through the Care Credit Client Payment Plan before services are initiated. Any other unpaid balances will be charged interest at the rate of 1.50% per month until paid in full. Should this account become delinquent and result in a collection process, I will be responsible for, but not limited to, the principal amount, finance charges, collection agency fee, attorney fees, and any court costs. In the event a lawsuit is required the proper venue for any action filed to enforce the terms of this agreement shall be Gallatin County, MT.**

**I have read and understand this authorization and consent, and accept full financial responsibility for this animal and the animals listed that are attached to this form.**

 **Please initial this box if you would like to opt out of any future contact via text messaging.**

**OWNER SIGNATURE: DATE:**

**AGENT SIGNATURE: DATE:**

**ESTIMATE FOR TREATMENT: INITIALS:**

**ESTIMATE INCLUDES:**