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New Client Registration

Client's Name: _____ DL# _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Spouse: _____ Cell: _____

Boarding Facility: _____ Barn Address: _____

Barn Manager is authorized to make appointments: Yes No

1. Horse's Name: _____

Age: _____ Sex: _____ Breed: _____ Color: _____

2. Horse's Name: _____

Age: _____ Sex: _____ Breed: _____ Color: _____

3. Horse's Name: _____

Age: _____ Sex: _____ Breed: _____ Color: _____

4. Horse's Name: _____

Age: _____ Sex: _____ Breed: _____ Color: _____

(please attach additional list if more room is needed)

Authorization

I hereby authorize the veterinarian to examine, prescribe for and treat this or any other pet I own. I assume responsibility for all charges incurred in the care of these animals. I also understand that these charges will be paid at the time of treatment and that a deposit may be required for surgical and medical treatment. Thank you for understanding our "pay at appointment policy" as it helps us to keep the cost of treatments and medications lower.

Signature of Owner

Date