



Equine Wellness Program Enrollment Form

Client Information:

Client Name: _____ Spouses Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
E-mail address: _____
Emergency Contact Name/Number: _____
Trainers Name: _____ Trainers Phone Number: _____

Patient Information:

Patients Name: _____ Breed: _____ Age: _____
Color: _____ Sex: _____ Discipline/Use: _____
What Preventative Healthcare has he/she received in the past: _____
Last deworming? _____ Last vaccinated? _____ Last Dental Exam? _____
Which Vaccinations are current? (circle all that apply) VEWT/WN West Nile Flu/Rhino Rabies
Any other vaccinations not listed? _____
Any other History that you think we need to be aware of and have noted in the patients file? Allergic to any vaccinations? _____

Payment Options:

Package #1: 487.00 per year **Package #2: \$700.00 per year** *(requires 2nd application for Pfizer Preventacare Program)*

Pay the entire amount up front, and receive an additional 5% off all other services for enrolled horses.

Package #1: Pay \$250 at enrollment and 5 monthly installments of **\$47.50**

Package #2: Pay \$375 at enrollment and 5 monthly installments of **\$65.00**

*We require a credit/debit card to be kept on file for all monthly payment plans***

Payment Method: Credit/Debit Card _____ Check _____ Cash _____
Credit/Debit Card Number and Exp Date: _____ Security Code: _____
Signature of Cardholder: _____

*** Any declined payments or overdue accounts will result in remaining services being put on hold until payments received.*