



CLIENT INFORMATION FORM

Welcome to Reata Equine Hospital, P.A. Our staff is dedicated to the optimum in patient care and customer service. We will do our utmost to make you and your equine animal(s) visit a pleasant and beneficial experience. Please feel free to ask any questions concerning the care of your equine animal(s) or the policies of Reata Equine Hospital, P.A. To help us serve you better, please provide us with the following information:

Client Information

Client Name: _____ Spouse's Name _____

Address: _____

City: _____ State: _____ Zip: _____

Client Driver's License #: _____ State issued: _____

Primary Phone (Home Work Cell): _____

Secondary Phone (Home Work Cell): _____

Spouse's Phone (Home Work Cell): _____

E-mail address: _____

Alternate/Emergency contact & phone no: _____

Trainer's Name: _____ Trainer's Phone: _____

Patient Information:

Patient's Name: _____ Breed: _____ Age: _____

Color: _____ Sex: Stud Gelding Mare (Circle One)

Discipline/Use: _____

How did you hear about our practice? _____

Reason for today's visit? _____

Do you wish to receive reminders regarding your horse's routine annual medical needs? Yes No

Via: Email Mail Phone

Financial Policy:

Reata Equine Hospital, P.A. (REH) strives to provide our clients and patients with the highest quality care possible. To do so, we must ask that **ALL CHARGES BE PAID AT THE TIME OF SERVICE**. REH reserves the right to accrue a finance charge of up to 18% (per annum) or \$5 minimum on accounts over 60 days. We offer payment options of cash, check, money order, cashier's check, American Express, MasterCard, Visa, Discover, or Care Credit. Hospitalized patients, long-term care and/or surgical cases require a 50% initial deposit of provided care estimate and completion of credit/debit card authorization form upon admission. The balance is to be paid at the time of discharge. We cannot make exceptions to this policy.

By signing below, you are acting as an owner/agent for the above mentioned horse, and are responsible for all charges incurred. By signing below, you are also giving Reata Equine Hospital and any necessary support personnel authorization to provide treatment and medical care for the well-being of your animal(s).

Owner/Agent _____

Date _____

Printed Name _____