



## 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? \_\_\_\_\_

Where is the horse currently located? \_\_\_\_\_

### Payment Options:

**Total Package: \$535.00 per year (\$495.00 per year if 3 or more horses)**

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

**Payment Option: Pay \$250.00 at enrollment and 5 monthly installments of \$57.00**

*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.*