

# BALANCED ANIMAL CARE, LLC

## New Client Form - *Equine*

### OWNER INFORMATION

Owner(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
Email: \_\_\_\_\_

### EQUINE PATIENT INFORMATION

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: \_\_\_\_\_  
Primary Concern(s): \_\_\_\_\_

### PRIMARY CARE VETERINARIAN

Clinic: \_\_\_\_\_ Veterinarian: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*\*\*Please note that a primary care veterinarian is required. Animal chiropractic is not a replacement for veterinary care.*

Would you like your veterinarian to receive a copy of the chiropractic examination and findings? Yes / No

### FARM/STABLE & TRAINER INFORMATION

Farm/Stable: \_\_\_\_\_ Trainer: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

### PLEASE READ & SIGN

I am the legal owner of the animal on this form and/or am authorized to make medical decisions regarding said animal. I understand that payment is expected at the time of service and I accept full financial responsibility. I give permission for my animal's records to be sent to any veterinarian requesting records to facilitate treatment. My animal is current on vaccinations recommended and/or required by my primary care veterinarian Yes / No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date