



**ADVANCED
EQUINE
OF THE HUDSON VALLEY**

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CLIENT REGISTRATION FORM

TODAY'S DATE 2/29/2016

NAME: _____

LAST

FIRST

MI

ADDRESS: _____

STREET

CITY

STATE

ZIP

HOME PHONE: _____ WORK PHONE: _____ EMERGENCY: _____

CELL PHONE _____ E-MAIL ADDRESS _____

SPOUSE/CO-OWNER'S NAME: _____

WORK PHONE: _____ CELL: _____

HOW DID YOU HEAR ABOUT US? _____

CLIENT REFERRAL(PLEASE GIVE CLIENT NAME), YELLOW PAGES, SIGN, MEDIA

HORSE'S NAME: _____ DATE OF BIRTH: _____ SEX: _____

BREED: _____ COLOR _____

VACCINATION HISTORY

RABIES _____

POTOMAC _____

EWTF _____

RHINO _____

WEST NILE _____

STRANGLES _____

CURRENT MEDICATIONS/ALLERGIES: _____

PREVIOUS VETERINARIAN FROMWHOM RECORDS MAY BE REQUESTED: _____

I HEREBY AUTHORIZE THE VETERINARIANS TO EXAMINE, PRESCRIBE FOR OR TREAT HORSES THAT BELONG TO ME OR ARE UNDER MY DIRECT CARE.

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THESE ANIMALS, INCLUDING CONSULTATION FEES FOR TELEPHONE, VERBAL AND WRITTEN COMMUNICATIONS AND FEES FOR ANY DOCUMENTATION INCLUDING OUTSIDE PRESCRIPTIONS. ALL UNPAID BALANCES WILL ACCRUE A FINANCE CHARGE OF 1.5% PER MONTH AND A \$3.00 BILLING CHARGE. IN THE EVENT THAT FEES ARE NOT PAID AS DELINEATED ABOVE, I AGREE TO PAY ANY AND ALL COLLECTION AND/OR ATTORNEY'S FEES INCURRED:

SIGNATURE OF OWNER OR AGENT: _____