



## NEW CLIENT / NEW PATIENT CONSENT

### CONTACT INFORMATION:

Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_  
Regular / Previous Veterinarian: \_\_\_\_\_

### PATIENT INFORMATION:

Barn Name: \_\_\_\_\_ Registered Name: \_\_\_\_\_  
Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_  
Microchipped? (Y/N) \_\_\_\_\_ Insured? (Y/N) if Yes which Company: \_\_\_\_\_  
Date of last Tetanus: \_\_\_\_\_ Other Vaccines current? Y/N \_\_\_\_\_

### Boarding Location / Directions:

### Current Concerns / Current Medications / Previous Medical History

### PAYMENT FOR ALL SERVICES RENDERED IS DUE AT TIME OF COMPLETION OF SERVICES.

(Initial) \_\_\_\_\_

### NEW CLIENTS MUST PROVIDE A VALID CREDIT CARD PRIOR TO TIME OF SERVICE.

I, the undersigned, attest that I am the owner or the owner's agent for the above animal and have the authority to execute this consent.

I hereby authorize SWEH to perform such procedures or therapies as are determined to be needed by the attending veterinarian. I furthermore agree to indemnify SWEH for all services performed and hold harmless SWEH and their doctors or agents from and against all liability arising out of the performance of procedures and therapies. I understand that unforeseen complications may occur, which may necessitate further therapies or procedures for the benefit of the patient.

If payment at time of service is not provided via cash or check, I authorize payment of the full amount owed to Southwest Equine Hospital to be charged on the credit card below or provided over phone:

Credit Card # or last 4 digits: \_\_\_\_\_ Exp: \_\_\_\_\_ CCV: \_\_\_\_\_

**X**

\_\_\_\_\_  
Signature of Owner / Responsible Agent