



# Classic Equine

Thank you for giving us the opportunity to care for your pet. To ensure the best care possible, please take the time to fill in this form completely. Thank you.

Dr. Kirk Johnson

Today's Date \_\_\_\_\_

## Patient/Client Information

Owner  
Name:

Driver's License #:  
(REQUIRED for controlled  
substances used to treat your pet)

\_\_\_\_\_

Owner  
Address:

City:

Zip:

\_\_\_\_\_

Home Phone:

Cell #:

Work #:

\_\_\_\_\_

Place of Employment:

\_\_\_\_\_

Co-Owner:  
(Relationship?  
)

Cell #:

\_\_\_\_\_

Barn/Stable name  
and address where  
horse is located:

\_\_\_\_\_

EMAIL Address:

\_\_\_\_\_

*By providing us with your email address, you give us permission to send you communications such as newsletters, reminders for healthcare coming due, appointments, invoices, statements and upcoming events. \*Your email will never be sold or passed on.*

### Financial Policy

Thank you for choosing Classic Equine LLC. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Classic Equine LLC requires payment in full at the time of your horse's examination.

#### **Payment Options we accept:**

- Cash, Check, Visa, MasterCard, American Express or Discover Card
- Convenient Monthly Payment Options from the CareCredit Healthcare credit card
  - Allows you to begin treatment today and pay over time (6 months without finance charges for totals over \$200)

#### **Additional Policy Information:**



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## **Patient/Client Information**

Classic Equine LLC charges \$30 for returned checks. I also understand that ALL PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED.

Method of payment you will use today: \_\_\_\_\_

**-OVER PLEASE-**



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**How did you hear about our hospital?**

Yellow Pages

Recommendation from: \_\_\_\_\_

Website

Other \_\_\_\_\_

Facebook

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian at Classic Equine LLC, to examine, prescribe for, or treat the above described animal(s). I assume all responsibility for all charges incurred in the care of the animal(s).

Signature of client responsible for pet: \_\_\_\_\_

Date: \_\_\_\_\_