

CLIENT INFORMATION



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Email: drmccabe@abjequine.com

www.abjequine.com

Date: _____

Owner/Agent: _____ **Spouse:** _____
Last First Initial First

Address: _____ Gate Code: _____
Street

_____ Home Phone: _____
City State Zip

Work: _____ Fax: _____ Beeper/Mobile Phone: _____

Driver's License: _____ **E-Mail Address:** _____

Trainer/Agent: _____

Barn Name: _____ Barn Phone: _____

Address: _____ Gate Code: _____
Street

_____ Home Phone: _____
City State Zip

Work: _____ Fax: _____ Beeper/Mobile Phone: _____

EQUINE (Patient) INFORMATION

Name: _____ AKA: _____

Breed: _____ Sex: ☐ S ☐ G ☐ M Age: _____ Describe Markings: _____

Allergies: _____ Pfizer Preventicare: _____

Insurance Company: _____ Agent's Name: _____

Address: _____

Telephone: _____ 24 hour Emergency Number: _____ Fax: _____

Medical History: _____

Emergency Authorization

I, the owner or authorized agent of the patient, assume the full financial responsibility for all charges, regardless of the outcome, due and payable when services are rendered. If ongoing treatment is required, method of payment must be determined in advance. In case of emergency, after reasonable efforts have been made to contact the owner/agent listed above, I give my authorization for ABJ Equine Practice and it's agents to treat the above named horse(s) up to the amount of \$_____.

☐ Yes ☐ No I understand that this authorization is necessary in the event that life-saving treatment and/or surgery is required immediately (ie. colic surgery average \$6,500)

☐ Yes ☐ No If no, I hereby authorize euthanasia if situation dictates.

ALL ACCOUNTS ARE DUE AND PAYABLE AT THE TIME ALL VETERINARY SERVICES ARE RENDERED. If unable to be present, you must keep a current credit card on file (Visa, Mastercard, Discover) which will be charged at time of services. Checks will be accepted at time of appointment. All information updates are the responsibility of the owner/agent.

NAME ON CARD: _____ Billing address same as above: ☐ Yes ☐ No
Print Name

CARD MAILING ADDRESS: _____
Street City State Zip

MC/Visa/Disc #: _____ EXP. DATE: _____ CVC# _____
Last 3# on Back of Card

SIGNATURE: _____

NOTES
