

**Winnsboro Veterinary Medical Center**  
**Equine Information.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

DOB \_\_\_\_\_ DL# \_\_\_\_\_ Place of Employment \_\_\_\_\_

Email Address \_\_\_\_\_

Horse's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

Mare / Stallion / Gelding

Is your horse current on all vaccinations? \_\_\_\_\_ Current Coggins? \_\_\_\_\_

Reason for today's visit \_\_\_\_\_

Does this horse have any medical conditions that we should be aware of? \_\_\_\_\_

Have we seen this horse before? \_\_\_\_\_ If yes please explain? \_\_\_\_\_

How will you be paying for your visit today: Cash Check Credit Card (MC/Visa/Discover/AmEx)

**A deposit will be required if your horse is to be hospitalized.**

I hereby authorize Winnsboro Veterinary Medical Center to prescribe for, treat and/or perform surgery upon the animal presented by me. I understand that every effort will be made to achieve a successful outcome and to provide reasonable precaution against injury, escape, or death. **I the owner/agent agree to pay all fees for services rendered at the time the animal is discharged or the service is otherwise completed.** I agree, in order for Winnsboro Vet, or other agencies authorized by Winnsboro Vet, to collect any amount I may owe, I may be contacted by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. I may also be contacted by text messages or emails, using any email address I provide. Methods of contact may include using pre-recorded/artificial voice messages and or the use of an automatic dialing device, as applicable. Failure to pay fees for services rendered will result in Winnsboro Veterinary Medical Center placing a lien on your animal until said fees are paid, in accordance with Section 70.005 and Section 54.044 of the Texas Property Code and Article 9 of the Uniform Commercial Code.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Agent