

**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