



CLIENT FORM

Date: _____

PERSONAL INFORMATION

Full Name: _____ Social Security Number : _____

Spouse Name: _____

Billing Address: _____

Address: _____

Phone Number: _____ Secondary Phone Number : _____

E-Mail: _____ Referring Vet/Phone #: _____

BOARDING INFORMATION

Facility Name: _____ Trainer Name: _____

Address: _____

Phone Number: _____ Do you authorize the trainer to make decisions about this horse: Yes No

PATIENT INFORMATION

Registered Name: _____ Barn Name: _____

Age/DOB: _____ Gender : Mare Stallion Gelding

Breed: _____ Color: _____ Is this horse Insured? Yes No

CREDIT CARD INFORMATION

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Zip Code: _____

I authorize Vizion Equine to store this credit card on an encrypted server for future payments: Yes No

Payment Policy: (please initial that you have read and agreed to each statement)

- Payment is due at time of service. If you are unable to be present at that time, please leave a check, complete a credit card authorization form, or call our office in advanced to set up payment arrangements. Initial ____
- There is a 1.5 % (18 % annual) interest charge on all account balances over 30 days. Initial ____
- If an account is 90 days past due and a payment hasn't been received within the last 30 days, we may refer the account to an attorney or collection agency and you will be responsible for any additional cost incurred. Initial ____
- There will be a \$25.00 fee for all returned checks. Initial ____
- A copy of your driver's license is required. Initial ____

AUTHORIZATION STATEMENT

I authorize Vizion Equine Sports Medicine and Surgery to perform such procedures as may be advisable and necessary for the health of the above-named horse, including analgesia, sedation and other restraint necessary for the performance of these procedures. I agree that payment will be made, in full, for all services rendered for and to this horse.

More Information :

 27435 County Road 70 Gill, Colorado 80624

 970-673-9733 (Office)

 office@vizionequine.com

Signature: _____

Date: _____

THANK YOU



PATIENT INFORMATION CONT.

1 Registered Name: _____ Barn Name: _____
Age/DOB: _____ Gender : Mare Stallion Gelding
Breed: _____ Color: _____ Is this horse Insured? Yes No

2 Registered Name: _____ Barn Name: _____
Age/DOB: _____ Gender : Mare Stallion Gelding
Breed: _____ Color: _____ Is this horse Insured? Yes No

3 Registered Name: _____ Barn Name: _____
Age/DOB: _____ Gender : Mare Stallion Gelding
Breed: _____ Color: _____ Is this horse Insured? Yes No

4 Registered Name: _____ Barn Name: _____
Age/DOB: _____ Gender : Mare Stallion Gelding
Breed: _____ Color: _____ Is this horse Insured? Yes No

5 Registered Name: _____ Barn Name: _____
Age/DOB: _____ Gender : Mare Stallion Gelding
Breed: _____ Color: _____ Is this horse Insured? Yes No

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THANK YOU