

**SWEETWATER VETERINARY CLINIC
RANCH CALL CLIENT**

CLIENT ID#: _____ **DATE:** _____

FIRST NAME: _____ **LAST NAME:** _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

HOME PHONE: __ (____) _____ **WORK PHONE:** __ (____) _____

CELL PHONE: __ (____) _____

DRIVER'S LICENSE #: _____ **CREDIT CARD #:** _____

EMAIL: _____ **Exp:** _____

REFERRED BY: _____

(If applicable, provide the following information.)

BARN/BOARDING FACILITY: _____

ADDRESS: _____

(INCLUDE CITY, STATE AND ZIP CODE)

PHONE NUMBER: _____ **GATE CODE:** _____

Persons authorized to call clinic in case of emergency:

HORSE NAME: _____ **BREED:** _____ **SEX:** _____

COLOR: _____ **AGE:** _____

Registered name if different from above: _____

HORSE NAME: _____ **BREED:** _____ **SEX:** _____

COLOR: _____ **AGE:** _____

Registered name if different from above: _____

(Information for additional animals may be put on the back of this sheet).

POLICIES

If your animal requires hospitalization, the doctors will provide locations. Accounts are payable in full at the time of service. Cash, checks, Visa, MasterCard, Discover, Care Credit and American Express are accepted. Sweetwater's Office Supervisor is authorized to handle your account and answer all questions pertaining to fees. Fees are for current services only and do not include follow-up care.

I have read the above policy. _____ **(Signature)**