

Coddle Creek Animal Hospital

Large and Small Animal Medicine & Surgery

CoddleCreekVet.com

9172 Davidson Hwy (Hwy 73)
Concord, NC 28027

(704) 795-9005
(704) 723-9804Fax

Dr. Patrick Sustar

Dr. Shannon DeArmas

Equine Client & Patient Data Form

Owner Information

Name _____ Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Barn Phone _____ Email Address _____

Driver's License # _____ State _____ Birth Date: Mo ____ Day ____ Yr ____

Social Security # _____ - _____ - _____ Employer _____

Employer's Address _____ Phone # _____

Name of Spouse _____ Cell Phone # _____

MasterCard # _____ Visa # _____

Emergency Contact _____

Emergency Contact Home Phone # _____ Work # _____

I, the undersigned, hereby understand that the account is to be paid in full at time of service unless prior arrangements have been made. If arrangements are made I also understand that the account is expected to be paid within 30 days. I understand that if I have not paid the account in the allotted time that an interest rate of 1.5% will be applied every 30 days. I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action; to pay an additional charge equal to the cost of collection including agency and attorney fees and court costs incurred and permitted by laws governing these transactions.

OWNER'S SIGNATURE _____ **DATE** _____

Animal Information

Registered Name _____ Stable/Nickname _____

Breed _____ Age _____ Sex _____ Color _____ Tattoo _____

Markings _____

Presently Stabled At _____

Previous Veterinarian _____

Is This Horse Insured? Yes () No () Company/Agent _____

Allergies or Prior History Veterinarian Should Know _____

Current Trainer or Authorized Agent for Animal(s) _____

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