



**NORTHWEST EQUINE**  
VETERINARY ASSOCIATES

# New Client Registration

This form must be completely filled out and received by our office no later than one business day prior to your initial appointment unless you choose to bring the completed form to your appointment.

## Owner Information

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Billing Address \_\_\_\_\_ City, State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Phone [ ] cell \_\_\_\_\_ [ ] home \_\_\_\_\_

## Horse Information

Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_  
 Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_  
 Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_  
 Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_

Name of boarding location \_\_\_\_\_ Address \_\_\_\_\_  
 Barn manager/trainer at facility \_\_\_\_\_ Phone \_\_\_\_\_  
 Who may we thank for referring you to Northwest Equine? \_\_\_\_\_

## Emergency Contact

In the event that I cannot be reached during an emergency with my horse(s) I authorize (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_ to make decisions on my behalf.

In the event that there is an emergency, I authorize the emergency veterinarian at Northwest Equine Veterinary Associates to invoice up to, but no more than \_\_\_\_\_ to treat my horse(s).

## Payment

Payment is expected in full at each time services are rendered. We accept cash, personal checks, money orders, and credit cards (Visa, Master Card, Discover and American Express). Payment plans are available through CareCredit at [www.carecredit.com](http://www.carecredit.com). If for any reason there is a balance carried over 30 days, billing/interest fees will apply. Account balances over 90 days may be subject to collections.

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

PO Box 628 | Black Diamond, WA 98010  
 25203 Roberts Drive | Black Diamond, WA 98010

Steve Latimer, DVM | Olivia Schroeder, VMD DABVP | Katherine Sickler, DVM cVMA

Routine and specialized equine healthcare services

Office (425) 432-1914  
 Fax (425) 432-5306

nwequinevet.com  
 nw-equine@msn.com