



SAMPSON EQUINE SERVICE

DEDICATED TO PROVIDING QUALITY AMBULATORY
 VETERINARY CARE: FROM FLOATS TO FEET AND EVERYTHING IN BETWEEN!

NEW CLIENT FORM

DATE:

NAME:

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

HORSE NAME:	AGE:	BREED:	SEX:
HORSE NAME:	AGE:	BREED:	SEX:
HORSE NAME:	AGE:	BREED:	SEX:
HORSE NAME:	AGE:	BREED:	SEX:

I hereby authorize Dr. Kelly Sampson to examine, prescribe for, or treat the above described horse(s). I assume responsibility for all charges incurred in the care of said animal(s). I also understand that these charges will be paid at the time of service. If arrangements are made for billing, I understand that payment in full is expected by the posted due date on the invoice and that failure to do so will result in service fees.

Signature of Owner: _____ Date: _____

Intended method of payment (*circle*): Cash Check MasterCard VISA

How did you hear of us? / Whom may we thank for your referral?: _____