



TACOMA EQUINE HOSPITAL

Quality Care. Compassionate People. Exceptional Service.

3112 156th Street East
Tacoma, WA 98446
253-535-6999
info@tacoamequine.com

WELCOME

Thank you for choosing us to care for your horse(s). To insure the best care possible, please take a few moments to complete this form. If you have any questions, please do not hesitate to ask. Thank You!

Client Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Cell: _____

Work: _____ Employer: _____

Email Address: _____

DL#: _____ State: _____

Birthdate: _____

Email Lists:

Educational

Opt In

☐☐

Promotional

☐☐

Health Reminders

☐☐

You can always opt out from any email list at any time

Horse(s) Located At: _____

City: _____ State: _____ Zip: _____

How did you hear about us?

☐ Website ☐ Web Search ☐ Feed Store ☐ Phone Book

☐ Friend - Who can we thank? _____

☐ Other _____

FINANCIAL POLICY: Tacoma Equine Hospital requires payment in full at the time of service. I assume financial responsibility for all charges incurred to the patient for services rendered. In the event of default of payment and/or failure to pay, I agree to pay the costs of collection, including court costs and reasonable attorney fees to be determined by a court of law.

Signature of owner/agent: _____

Date: _____

Parent/Legal Guardian (if under 18)

Name: _____

Home Ph: _____ Cell Ph: _____

Email Address: _____

Horse Information #1

Name: _____

Breed: _____ Color: _____

Sex: ☐ Mare ☐ Gelding ☐ Stallion

Birthdate/Age: _____

Date of last vaccinations:

Influenza: _____ Rhino: _____

E&WEE: _____ Tetanus: _____

West Nile: _____ Strangles: _____

Potomac HF: _____ Rabies: _____

Date of Last Deworming: _____

Product: _____

Date of Last Dental: _____

Current Medications: _____

Previous Health Issues: _____

Horse Information #2

Name: _____

Breed: _____ Color: _____

Sex: ☐ Mare ☐ Gelding ☐ Stallion

Birthdate/Age: _____

Influenza: _____ Rhino: _____

E&WEE: _____ Tetanus: _____

West Nile: _____ Strangles: _____

Potomac HF: _____ Rabies: _____

Date of Last Deworming: _____

Product: _____

Date of Last Dental: _____

Current Medications: _____

Previous Health Issues: _____

****All information provided on this form is confidential and will be stored in a secure place. No information will be sold to a third party or affiliate.****

Horse Information #3

Name: _____

Breed: _____ Color: _____

Sex: ☐ Mare ☐ Gelding ☐ Stallion

Birthdate/Age: _____

Date of last vaccinations:

Influenza: _____ Rhino: _____

E&WEE: _____ Tetanus: _____

West Nile: _____ Strangles: _____

Potomac HF: _____ Rabies: _____

Date of Last Deworming: _____

Product: _____

Date of Last Dental: _____

Current Medications: _____

Previous Health Issues: _____

Horse Information #4

Name: _____

Breed: _____ Color: _____

Sex: ☐ Mare ☐ Gelding ☐ Stallion

Birthdate/Age: _____

Influenza: _____ Rhino: _____

E&WEE: _____ Tetanus: _____

West Nile: _____ Strangles: _____

Potomac HF: _____ Rabies: _____

Date of Last Deworming: _____

Product: _____

Date of Last Dental: _____

Current Medications: _____

Previous Health Issues: _____

Horse Information #5

Name: _____

Breed: _____ Color: _____

Sex: ☐ Mare ☐ Gelding ☐ Stallion

Birthdate/Age: _____

Date of last vaccinations:

Influenza: _____ Rhino: _____

E&WEE: _____ Tetanus: _____

West Nile: _____ Strangles: _____

Potomac HF: _____ Rabies: _____

Date of Last Deworming: _____

Product: _____

Date of Last Dental: _____

Current Medications: _____

Previous Health Issues: _____

Horse Information #6

Name: _____

Breed: _____ Color: _____

Sex: ☐ Mare ☐ Gelding ☐ Stallion

Birthdate/Age: _____

Influenza: _____ Rhino: _____

E&WEE: _____ Tetanus: _____

West Nile: _____ Strangles: _____

Potomac HF: _____ Rabies: _____

Date of Last Deworming: _____

Product: _____

Date of Last Dental: _____

Current Medications: _____

Previous Health Issues: _____
