

Premier Equine Veterinary Services

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New Client Form

Name: _____ Text me Sign me up for online pharmacy
Phone #: _____ Email: _____
Billing Address: _____
Barn Address: _____
Referred By: _____
Emergency Contact: _____ Phone #: _____

Registered Name	Nickname	Breed	Age	Sex	Color/Markings	Current Meds/Supplements

New Client Agreement/Expectations:

- I _____ (print name), the client, agree to the following: (please initial):
- _____ Expect appointments for most services to last anywhere from 40-60minutes
 - _____ I will have my horse(s) haltered and ready to meet with the veterinarian
 - _____ I acknowledge that no veterinary procedure is without some risk to the animal. I accept all potential risks including any complications that may develop as a result of this procedure and accept that complications may incur additional fees
 - _____ Premier Equine Veterinary Services will provide an estimate (written or verbal) at your request for approval prior to or during any appointment
 - _____ I agree to providing payment at time of service and understand a credit card is required on file. If payment is not provided at time of service, my credit card will be charged within 30 days or at the end of each month, whichever is sooner.
 - _____ I understand there are inherent risks/dangers when working with both wild and domestic animals; and therefor, I agree to indemnify and hold harmless Premier Equine Veterinary Services, its employees, technicians, staff and representatives against any claims based on a theory other than negligence or gross negligence that my be brought on my behalf, or on behalf of my estate which includes a promise not to sue based upon buyer dissatisfaction or outcome of an executed procedure.

Signature: _____ Date: _____