



Dear Client,

Thank you for giving us the opportunity to care for your horse's medical needs. We are pleased to have you as a new client. It is our mission to provide high quality integrative equine medical care and customer service. Our clinic staffs two full time veterinarians that are available for ambulatory appointments Monday through Friday 8:00am – 4:00 pm and for emergencies 24 hours a day, 7 days a week.

For those of you that have been referred to us by a trainer, it is customary to consider the trainer as your designated agent. He/she has the authority to request treatment and services on your behalf, unless designated differently in our new client paperwork.

We offer a wide range of services:

- Preventative Health Management
- Sports Medicine and Lameness Examinations (including exams with our Equinosis lameness locator)
- Pre-Purchase Examinations
- Emergency Services
- Dentistry including Intra-oral Extractions
- Digital Radiology and Ultrasound
- Chiropractic, Acupuncture, and Mesotherapy
- Shockwave Therapy
- Gastroscopy and Airway Endoscopy
- PRP, IRAP, and Prostride Therapies
- Laboratory Services and Online Pharmacy
- F.E.S. (Functional Electrical Stimulation) and Class 4 laser Therapies
- Castration, Enuclation, and other minor surgical procedures
- Traditional Chinese Medicine Consultation and Treatment

We ask that all of our clients fill out our new client and new patient questionnaires prior to your first visit. If you do not have internet access, please call the office and we can mail those forms to you to be filled out and returned to our office.

If you have any questions, please do not hesitate to call our office at 707-479-3530 or email us at office@sonomaequine.com. We are here to care for your horse and to assist you.

Sincerely,

Sonoma Equine Staff

Sonoma Equine
2805 Dale Ave. Sonoma, CA 95476
707.479.3530
sonomaequine.com



CLIENT / STABLE INFORMATION SHEET

OWNER INFORMATION

Name _____

Horse(s) name: _____

Billing Address _____

City _____ State _____ Zip _____

Home address: Same as billing address? If No,
Address _____

Home Phone _____ Cell _____

E-MAIL _____ Fax _____

Preferred Contact Method (phone, text, email, postal mail) _____

Preferred Billing Method (mail or email): _____

STABLE INFORMATION – Same as owner address? YES NO – If NO complete this section.

Stable name _____

Contact Name (barn owner/agent/trainer/manager) _____

Stable Address _____

City _____ State _____ Zip _____

Phone (Barn number) _____

I authorize the above contact person(s) to act as agent to make appointments and order medication for my horse(s) and accept full financial responsibility for their decisions YES NO

If no, please explain:



New Patient Information

Owner: _____ Date: _____

Registered Name _____ Barn Name _____

Date of Birth /Age _____ Breed _____

Color(s) _____ Sex _____

Registration # (if applicable) _____

Tattoo# (if applicable) _____

Microchip# (if applicable) _____

****if your horse does not have a microchip and you would like us to implant one, please let us know****

Brands _____

Is this horse insured? YES NO if so, with which company? _____

Are there multiple owners? YES NO (If Yes, please fill out additional owner contact information)

Has this horse ever been treated previously by our clinic? YES NO

In case of an emergency in which owner is unavailable, who should we contact? _____ Phone _____

Does this person have permission to make treatment decisions for your horse on your behalf?

Equine Lifestyle Information:

Use/Occupation/Favorite Activities: _____

Current _____

Previous _____

Habits/Vices: _____

please inform us of any vices (kicking, biting, striking, etc) that could put our vets or team members in danger so we know how best to handle your horse

What is the reason for this visit? _____

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Relevant Medical History

Vaccine History: please attach any medical and vaccine records from previous veterinarian(s)

Date_____	Flu/Rhino	Date_____	EWT (3-way)
Date_____	Strangles	Date_____	Coggins
Date_____	Rabies	Date_____	West Nile Virus (WNV)

Did your horse have any reactions to his/her vaccines? If so, to which vaccines and what was the reaction? Have vaccines typically been given all together or split up?

Deworming History: (please include the dates, chemical used, and any reactions.)

Dentistry: (please include dates, frequency of care, and any abnormalities, past or present.)

Farriery: (please include date last trimmed/shod, frequency of care, and any abnormalities, past or present)

Describe what your animal eats and any changes in the last six months

(brand, amount and frequency of feed, type of feed tubs & buckets, how hay is fed, water source.)



Any medications or supplements? List substances, brands, and dosages (past and present.)

If your horse is boarded, please give name, address, and phone number of stable and caretaker.

Current Chronic and Previous Injuries: (including falls, lamenesses, wounds, head trauma, foot problems, fractures, surgery, surgical implants or orthopedic hardware.)

Current Chronic and Previous Illnesses: (including GI upset/diarrhea, respiratory disease, cancer, allergy, hormonal dysfunction, urinary problems, heart disease, infections, skin problems, sweating abnormalities.)

Breeding History (has your horse ever been bred? If so, how many foals? Any complications?)

Training Problems (including stiffness, asymmetries, gait abnormalities, biting problems.)



Diagnostic Information

Does your animal have previous blood work?

Does your animal have previous radiographs or other imaging? Were there any significant findings?

Is there anything else we should know about your horse?



Fee Agreement

This agreement is entered into on this _____ day of _____, 20____, by and between Sonoma Equine and _____ (hereinafter "Client") for veterinary services. This contract shall apply to any and all services provided and products sold by Sonoma Equine.

Terms of Service

1. Payment is due at the time service is rendered.
2. Unless otherwise requested, all invoices, medical reports and diagnostic images shall be sent electronically.
3. Clients may elect for automatic payments, which enable Sonoma Equine to charge the current balance due at time of service to the credit card on file. An invoice will be sent electronically with receipt of payment.
4. If payment for services rendered is not received in full **within 30 days** of service, Client hereby authorizes Sonoma Equine to apply the charges to my credit card on file. (Initial) _____
5. Client's may pay by personal or business check. Client is responsible for all bank charges incurred by Sonoma Equine if a check is returned, in addition to a \$25 (twenty-five dollar) service fee.
6. Sonoma Equine has the right to refuse service at any time. Sonoma Equine may not provide service to Client's with accounts that are past-due beyond 60 days.
7. This contract applies to all veterinary services provided by Sonoma Equine to any and all horse(s) on my behalf.
8. Client shall immediately notify Sonoma Equine if he/she is unable to comply with the terms of this agreement. Sonoma Equine reserves the right to waive fees and modify payment deadlines on an individual, case-by-case basis at its sole discretion. Such an agreement shall be effective upon the execution of a separate, written agreement, signed by both parties.
9. Except as otherwise provided in this document, this agreement may be modified, superseded, or voided only upon the written and signed agreement of Sonoma Equine and Client. Further, the physical destruction or loss of this document shall not be construed as a modification or termination of the agreement contained herein.
10. Sonoma Equine stores credit card numbers in compliance with Payment Card Industry Data Security Standards (PCI DSS). In accordance to regulations, credit card numbers are stored on a firewall and password protected computer, in a financial software program that is also protected by software

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and complex passwords. As such, Client's credit card number relating to this agreement shall be submitted on a separate form and shredded immediately after being entered into the secure software.

11. The rights and obligations of the Parties under this Agreement shall be governed by the internal substantive law of the State of California applicable to contracts made and to be performed in that State, without giving effect to the principles of conflicts of laws. For the purpose of jurisdiction and venue for all purposes of this Agreement shall be Sonoma, California. If any legal action, arbitration or other proceeding is brought for the enforcement of the agreement, or arises out of an alleged dispute, breach, default or misrepresentation relating to any of the terms of the agreement, the prevailing party shall be entitled to recover reasonable attorneys fees and other costs in that action or proceeding in addition to any other relief to which it may be entitled. _____ (Initial) Client has provided Sonoma Equine with a valid credit card number and hereby authorizes Lisa Atckison, DVM and Sonoma Equine to charge the credit card for services rendered in accordance with the terms of this agreement. By signing below you are consenting to the examination and treatment of your pet and acknowledging that you will be financially responsible for the fees incurred for services rendered Sonoma Equine. You may request an estimate of anticipated fees before services are performed. There are no guarantees or assurances of the outcome from any examination or treatment provided.

SO AGREED:

Lisa Atckison DVM, President, Sonoma Equine

Date: _____

Client's Signature

Client's Name (Printed)



Client Credit Card Authorization:

I, _____ hereby authorize Sonoma Equine to keep my credit card and signature on file and to charge my account for services rendered. Credit card information is confidential and kept secure. This authorization is incorporated by reference to the Sonoma Equine Fee Agreement. Pursuant to the terms of the Fee Agreement, Section 5: "If payment for services rendered is not received in full within 30 days of service, Client authorizes Sonoma Equine to apply the charges to my credit card on file."

By providing my credit card number and signature, I authorize Sonoma Equine to charge my credit card for an account balance that is outstanding 30 days past the date of service. A detailed invoice shall be sent prior to any charges applied to the below listed credit card. ____ (Initial)

This authorization is revocable at any time upon written notification to Sonoma Equine, with written confirmation of receipt from Sonoma Equine.

Name on Card:

Billing Address:

Card Type: ___ Visa ___ Mastercard ___ American Express ___ Discover

Card Number:

Zip Code:

Expiration:

Email Address for Receipt:

_____ Initial Here for Automatic Credit Card Payments at Time of Service

Authorized Cardholder Signature

Printed Name

Date

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