



**Tularosa Equine Clinic, LLC**

Leah Starr Hamilton, DVM  
Heather Ratzlaff, DVM  
24 Beanblossom Rd.  
Tularosa, NM 88352  
(575) 585-3561

## Equine Registration

Owner's name	DATE _____
Address	Please check one: <input type="checkbox"/> New Client <input type="checkbox"/> Current Client, New animal
City, State, Zip	How did you learn of our clinic? <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Recommendation <input type="checkbox"/> Sign <input type="checkbox"/> Other _____
Home Phone	
Employer	Farm/Trainer
Work Phone	Address
Spouse	City, State, Zip
Spouse's Employer	Work Phone
Spouse's Work Phone	Home Phone

## Payment Authorization

<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MC/Visa <input type="checkbox"/> Other _____ Credit Card Number _____ Expiration Date ____/____	
Driver's License Number	Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	<input type="checkbox"/> Mortality Insurance <input type="checkbox"/> Surgical Insurance
<b>Bill To:</b>	If yes, please specify _____
Name	Insurance Agent
Street	
City                                  State                                  Zip	

I am the owner or agent of the horse(s) described on the reverse, and have the authority to execute this consent.

I understand that there are certain risks to anesthesia that could involve serious bodily injury or death and that these risks are present in any procedure that requires general or intravenous anesthetic. I consent to the use of anesthesia as deemed necessary and advisable in the professional judgement of the veterinarian.

I understand that unforeseen conditions may require an extension of a planned procedure or operation. I hereby authorize the performance of such procedure or operations as are necessary and advisable in the professional judgement of the veterinarian.

If the horse is insured, I agree that it is my responsibility to notify the insurance company as required under the terms of the policy. I authorize you to release information required by the insurance company or adjustor.

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the horse(s) described on the reverse. I assume responsibility for all charges incurred in the care of the animal(s).

I understand that these charges will be paid at the time such services are provided unless previous arrangements have been made. I also understand that a deposit may be required for surgical treatment or care that requires hospitalization.

I agree to indemnify and hold you harmless from and against any and all liability arising out of the performance of any procedure, as well as any losses due to care, custody, or hauling.

I have read and understand this consent

Signature of Legal Owner/Agent	Date
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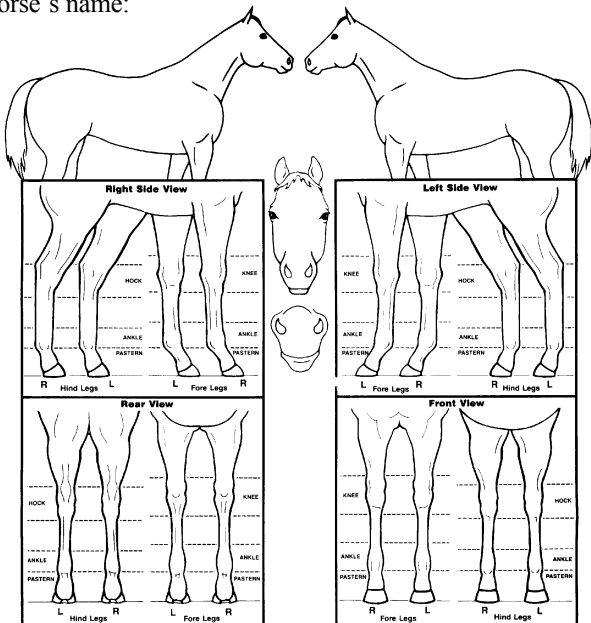
CONTINUED ON BACK

# Horse Health History

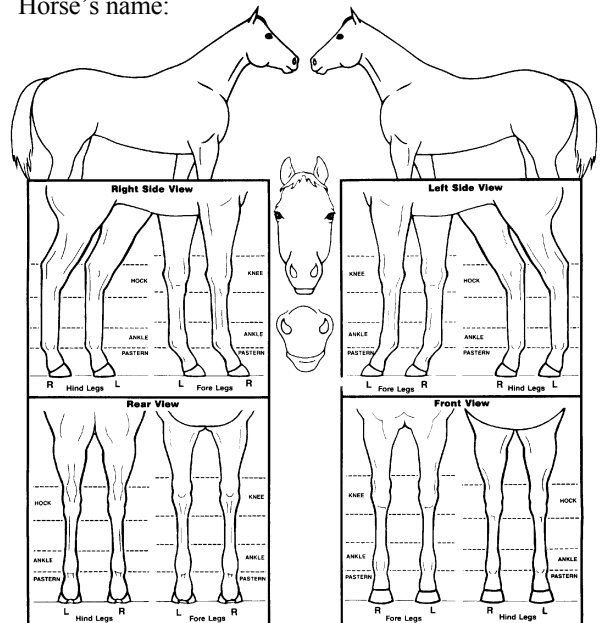
Horse's name			
Barn name	Tattoo/ID number	Birth date	Sex Mare   Stallion   Gelding
Breed	Color	Height	Wt
Identifying marks		Sire	Dam
Vaccinations:	VEWT   Date	Flu/Rhino   Date	Rabies   Date
Strangles   Date			
Other   Date			
Current Coggins test Date		Most recent deworming date and product name	
Current medications			
Allergies?			
Current diet			

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Please draw in any  
scars, marks or  
brands for each horse  
and label each with  
its name.