



CANDLEWOOD EQUINE

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CLIENT INFORMATION FORM

Name _____

Address _____
Last First

Telephone _____ / _____ / _____
Street City/Town State Zip Code

Email Address _____
Home Work Cell

ANIMAL INFORMATION: (Use back for additional animals)

Full Name	Barn Name	Breed	Age	Sex	Color	Weight
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

MEDICAL HISTORY: (Give date of most recent administration)

Name	Tetanus	EEE/WEE	Influenza	Rhino	Strangles	Rabies	PHF	Coggins	Deworm	Dental	WNV

GENERAL INFORMATION:

Previously stabled at: _____ Previous Veterinarian: _____

Known allergies, prior history, behavioral information _____

Current Trainer/Agent _____ Phone: _____

CREDIT INFORMATION:

Driver's License (State & #) _____

Employer: _____ Phone : _____

Employer Address: _____

CREDIT CARD INFORMATION:

****All new clients must provide a credit card number plus the authorization for the card to be kept on file to guarantee payment of services rendered over 30 days from date of service. A monthly 1.5% interest is applied to any amount over 30 days past due.**

*****Please complete attached Retriever Pre-Authorized Healthcare Form and copy/scan and email or fax to our office.*****