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Client Information Sheet
(please print)

Owner Name: _____ DL#: _____ DOB: __/__/__ S.S. # ____ - ____ - ____
 Spouse Name: _____ DL#: _____ DOB: __/__/__ S.S.# ____ - ____ - ____
 Mailing Address: _____ City: _____ State: __ Zip _____
 Physical Address: _____ City: _____ State: __ Zip _____
 Home Phone: _____ Cell Phone: _____
 Employer/Business: _____ Work Phone _____

In addition to phone calls and postal mail, we also like to communicate with our clients via e-mail. Please provide us with your e-mail address so we may send you important health information regarding your pet. **Be confident that we will keep your e-mail address private, just as we do the rest of your account information.**

E-mail address:

Name and number of Responsible Party to contact in case of an emergency:

Ranch, Farm or Stable Name: _____

How did you hear of us? _____

Horse(s) are stabled at: _____

Horse(s):

Name	Breed	Sex	Color	Birthyear

Please circle the classification(s) that pertain to your horse use:

Breeding Cutting Draft Dressage Driving Endurance Gaited Gymkana Halter
 Hunter/Jumper Miniature Pleasure Racetrack Ranch Reining Rodeo
 Team Penning Team Roping Trail Western/English Pleasure 4H/ Equestrian Team

