Prices Creek Veterinary Service
6799 US 40 East
Lewisburg, Ohio 45338
(937)962-7035

Thank you for choosing Prices Creek Veterinary Service to care for your horse. In order to best serve you please complete the following:

Tell us about you!

Your Name:____Spouse:______________________

Address:________________________________ City:___________________ State:______ Zip:________

Home Phone:_________________ Work Phone:___________________ Cell Phone:______________

Place of Employment/Ocupation:____

E-Mail Address:_____________________________ Is the horse located at address above? ☐ Yes ☐ No

If no please provide barn name:____________________________

Address:________________________________ City:___________________ State:______ Zip:________

Would you like a written estimate of cost prior to the treatment of your horse? ☐ Yes ☐ No?

If any other person is authorized to make medical decisions for your horse besides listed above please list here:

Name:____ Title:_________________________________

How did you hear about us? (please circle): Website? Sign/Drive By?

Newspaper? Referral? Who may we thank:_____________________

Other:__________________________

ALL FEES ARE DUE AT THE TIME OF SERVICE:

I authorize the treatment of my horse by all staff at Prices Creek Veterinary Service and confirm that I am older than 18 years of age. I will assume responsibility for all charges incurred in the care of all animals listed under my name and that all payment is expected at the time of service.

Client Signature:___________________________ Print:_________________________ Date:_________

Photo agreement (OPTIONAL):

I authorize photographs to be taken of all of the animals listed under my name including myself for educational and/or promotional use that include but are not limited to the clinic website, Facebook, or printed educational/promotional materials.

Client Signature:___________________________ Print:_________________________ Date:_________

Tell us about your Horse!

Name:_______________________________ Breed:____

Gender/Status (please circle): Female Spayed Female Male Neutered Male

Birth Date/Approx. Age_____________ Color and Markings:______________________________________

Where was your pet obtained from (please circle): Shelter/Rescue Pet Store Family/Friend Breeder Other:_____________________

Health Concerns and Medical History

Where can we obtain your horse's previous medical history (name and phone number)?____Date of last exam:___________

Known health issues or chronic ailments:____

Any known allergies/Vaccine Reactions:____

Current Medications taken: (please include prescriptions, supplements or over the counter):____

Vaccine History

Date of vaccinations and what was given:

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What are your goals for today's visit?____

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Please circle areas of concern and explain below:

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