

Date: _____

Veterinary Hospital of New Waverly
Steve VanWagner, DVM, MS Kim VanWagner, DVM
455 Hwy 150, New Waverly, Texas 77358

Welcome, we are glad you are here!!

New Client Information

Last Name: _____ First Name: _____ Salutation: Dr. Mr. Mrs. Miss
Circle One

Mailing Address: _____ City: _____ State: _____ Zip: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Driver License # _____ Social Security # _____

Email Address: _____ Occupation: _____

Employer _____ Emergency Contact _____

How did you first hear of Veterinary Hospital of New Waverly?

Phone Book Drove by Clinic Personal Referral (Who?) _____

Horse Information (Information for additional horses may be placed on back)

1. Horse's Name: _____ Age: _____ Birthdate: _____

Sex Mare Gelding Stud Breed: _____ Color: _____

Which brand of horse feed do you feed? How much? Frequency?: _____

Reason for this visit today: _____

Last date of Deworming _____ Brand/Type used _____

Last Date of vaccinations:

VEWT _____

West Nile _____

Flu/Rhino _____

Strangles _____

Rabies _____

Coggins _____

Teeth Floating _____

Please list any history of surgeries and dates:

I hereby authorize the veterinarian to examine, prescribe for or treat the above described horse. I assume responsibility for all charges incurred in the care of the horse. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** Acceptable Methods of Payment are: CASH, CHECK, (CREDIT CARDS: AMEX, VISA, MASTERCARD), CARE CREDIT.
Signature of client responsible for horse(s)
