



NEWMAN EQUINE & ASSOCIATES, P.A.

P.O. Box 560947
Rockledge, FL 32956
PHONE (321) 639-4242
FAX (321) 638-8863

NEW CLIENT WORKSHEET

*Thank you for choosing Newman and Associates Equine Veterinary Services.
Please take a few moments to complete this form and return it to the doctor.*

ABOUT YOU

Name (you and your spouse's): _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Social Security #: _____ Driver's License #: _____
E-mail Address: _____
Credit Card # (Mastercard or Visa): _____ Exp. Date: _____

ABOUT YOUR HORSE(S)

Name (registered & barn):	Breed:	Color:	Age:
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____

ABOUT YOUR BARN

Name: _____
Address: _____
Phone: _____
Contact Person: _____

EMERGENCY TREATMENT AND CONSENT

If my spouse or myself cannot be reached in the event of an emergency, I authorize _____, whose phone number is _____ to contact your office for treatment. I understand treatment will not be provided without a current Visa or Mastercard number on file (provide credit card information above).

Signature: _____ Date: _____