

Performance Equine Veterinary Services, LLC

Alberto J. Rullan, VMD

New Client # _____

WELCOME

Thank you for giving us the opportunity to care for your horse(s). So that we may become better acquainted, please complete the following:

INFORMATION

Date _____

Owner _____

Address _____ City _____ State _____ Zip _____

Phone(s) _____ (Cell) _____ (Home) _____

Email _____

Place of Employment _____ Phone _____

Driver's License # _____ Social Security # _____
(State) (Number)

Farm (if different) _____

Address _____ City _____ State _____ Zip _____

Phone(s) _____ Email _____

How did you become aware of our clinic? Drove by - Yellow Pages - Previous Client - Internet

Personal Referral (*Whom may we thank?*) _____

All fees are due at the time services are rendered. We accept Visa, MasterCard, Discover, American Express and CareCredit credit cards as well as cash and personal checks. **We must receive a copy of your driver's license before we can accept personal checks.** Any balances carried at Performance Equine Veterinary Services, LLC will be charged a monthly service charge on all accounts over 30 days equal to the greater of a minimum charge of \$5.00 or 1.50% per month which is an annual percentage rate of 18.0%.

Signature _____ Date _____

Performance Equine Veterinary Services, LLC
Alberto J. Rullan, VMD

Patient Information

Horse's Name _____
Breed _____
Color _____ Age _____ Sex _____
Medical Conditions/Concerns _____

Horse's Name _____
Breed _____
Color _____ Age _____ Sex _____
Medical Conditions/Concerns _____

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