



P.O. Box 91
33B Kennedy Road
Tranquility, New Jersey 07879
Tel: 908-852-1300
Fax: 908-852-1316

Dear Owner/Agent,

Enclosed please find the Fall Vaccination Booster sign-up Booklet. Please fill out all the required information. Once the booklet is completed, call the office to schedule an appointment. Please double check all information for accuracy before returning the completed booklet. The completed booklet ***must be returned to the office at least 1 week prior*** to your scheduled appointment.

Clients with an outstanding balance should contact the office to discuss payment, as an outstanding balance will delay your fall work.

Coggins information **MUST** be accurate! Please provide us with your horse's registered name and all the correct demographics. Owner error may result in resubmission fees.

At ECEVS we take pride in providing priority care for performance and pleasure horses. Whether your horse is a high level performance horse or an at home pleasure horse, preventative care is the key to optimizing their health. We recommend a thorough annual wellness exam so that any abnormalities can be addressed in a timely fashion, before they develop into more severe problems.

The equine wellness exam starts with an assessment of your horse's overall condition, weight and body score. It is continued by examination of the horse's eyes, mouth, teeth, heart, lungs, abdomen, skin and genitals. A brief exam of the legs and feet for bony or soft tissue abnormalities or joint effusion is included. We'll discuss your horse's nutrition, parasite prevention program, and environment. We'll also discuss any abnormalities that are found, and recommendations/options for treatment or additional testing. While not all emergencies or illnesses can be avoided, most can be prevented through a wellness exam, season-specific vaccinations, and an appropriate parasite control program. **This fall ECEVS is offering wellness exams at a special price when the exam is performed during the vaccination visit.**

Please call the office for current pricing and to schedule your appointment!

Sincerely,
East Coast Equine Veterinary Service



FALL BOOSTERS – SIGN UP SHEETS

Patient(s) Name: _____

If work will be performed on multiple patients and they will each be receiving the same treatment, you may list all patients on the above line. If you will be requesting individual/different treatments for each patient, please use a separate form for those patients.

Patient location/Boarding Facility: _____

Owner Name: _____

*If we will be performing work on a new patient, or if you are a new client, please fill out a "New Patient Form" (See attached).

Vaccinations to be administered:

_____ Standard Fall Boosters
(PHF, West Nile, Flu/Rhino)

Optional/Additional /Custom/Other:

_____ Botulism
_____ Strangles
_____ Rabies
_____ PHF
_____ Flu/Rhino
_____ West Nile
_____ EWT/WN
_____ Coggins
_____ Wellness Exam
(Veterinarians kindly request owner's be present at time of exam)
_____ Blood Work (CBC/Chemistry) (Strongly recommended)

Comments/Notes: _____

In being the owner or duly authorized agent for the owner of the patient listed above, I do hereby give the doctors of East Coast Equine Veterinary Service full and complete authority to administer the above indicated vaccinations. I, the undersigned owner or agent of the horse identified above assume financial responsibility for all charges incurred to the patient.

Signature of Owner or Authorized Agent

Date

New Patient Information Form

Welcome to East Coast Equine Veterinary Service. Our clients and our patients are the most important part of our business, and our entire staff is dedicated to ensure your satisfaction. Please feel free to ask us any questions concerning the treatment of your horse or other clinic policies. To help us better serve you, please provide us with the following information.

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse's Work Phone _____ Email Address _____

Place of Employment _____ Spouse's Place of Employment _____

Best time to reach you during the day _____

How did you choose our practice? _____ Yellow Pages _____ Location _____ Other

_____ Personal Recommendation (whom may we thank)

Patient Information	Horse #1	Horse #2	Horse #3
Name			
Breed			
Date of Birth			
Color			
Sex (Circle)	Mare Stallion	Mare Stallion	Mare Stallion
	Foal Gelding	Foal Gelding	Foal Gelding

My horse is used for: (circle) Pleasure Competitions Both

Discipline: _____

Any previous illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your horse on any special diets or medications? _____

Finance charges will be assessed to overdue balances.

Signature of Owner or Agent

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