



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

Dear Owner/ Agent:

This is your Spring Vaccination Booster sign-up booklet. Please fill out all the required information, when completed call to schedule an appointment. Please check all the information carefully before returning the books.

The completed book must be returned to us at least 1 week prior to your scheduled appointment.

Those clients with an outstanding balance should call the office to discuss payment, as an outstanding balance will delay your spring work.

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

If you have any questions please feel free to call us and we will gladly assist you.

Sincerely,
East Coast Equine Veterinary Service

P.S. Good News!!! We are now offering wellness exams at a special reduced price when the exam is performed during the vaccination visit!!!!

Did you know...

Acupuncture can be an effective treatment for musculoskeletal problems, neurologic disorders, other chronic conditions, performance enhancement, and prevention of disease?

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



SPRING BOOSTERS - SIGN UP SHEETS

Patient(s) Name: _____

Patient location/Boarding Facility: _____

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.

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"

Vaccinations to be administered:

_____ Standard Spring Boosters
(EWT/West Nile, Rabies/PHF, Flu/Rhino)

Optional/Other:

_____ Botulism
_____ Strangles
_____ Rabies
_____ PHF (Potomac Horse Fever)
_____ Flu/Rhino
_____ West Nile
_____ EWT/WN (Eastern Western Encephalitis/Tetanus/West Nile Virus)
_____ Coggins
_____ Wellness exam
(Veterinarians kindly request owner's 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 staff is dedicated to the optimum in patient care and will do its utmost to make your horse's visit pleasant and beneficial. Please feel free to ask us any questions concerning the treatment of your horse or other policies of the clinic. To help us serve you better, 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	Mare Stallion	Mare Stallion	Mare Stallion
	Foal Gelding	Foal Gelding	Foal Gelding

My horse is used for: 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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