



New Client / New Patient Registration

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The following form may be printed, completed manually, signed and then mailed to the address listed above.

Owner/Client Information:						
Name:			Date:			
Address:						
Home Phone:			Work Phone:	Mobile Phone:		
Fax:	Email:		What is your preferred method of communication?			
Drivers License #	Social Security #		Place of Employment:			

Pet/ Patient Information:					
Name:		Registered Name:			
Registration Number:		Birthdate	Color:		
Species:	Breed:		Sex:		
Are copies of previous medical records available? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the patient have any known pre-existing medical problems? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How long have you owned this patient or been associated with its care?		What is the current use / activity of the patient?			

Farm Location / Boarding Stable / Trainer Information:				
Trainer Name:				
Farm Name:				
Address:				
Phone:	Fax:	Email:		
Directions:				

I, Print Owner Name certify that I am owner of the above described animal, and have authority to authorize care. I understand that all fees are due at the time that services are performed. AEVS reserves the right to discontinue service to anyone with an outstanding account balance. A \$25 fee will be assessed to any returned checks. Any balance held over 60 days is subject to 3% finance charges.

Owner Name

Owner Signature

[Click here to enter today's date.](#)

Date