2140 Maple Drive
Plover, WI 54467

Office: (715)342-1212 office@corrientevet.com
Fax: (715)342-0212 corrientevet.com

Date: ___ / ___ / _____

CLIENT INFORMATION FORM

HORSE OWNER INFORMATION (please print – must be at least 18 years old)

Name: ______________________________ Cell Phone: ______________________________

Address: ______________________________ Home Phone: ______________________________

City: ______________________________ State: ____________ Zip Code: ______________

email: ______________________________ Other Contact: ______________________________

I understand that my veterinarian must communicate with me, or someone designated by me, prior to treatment of my animal/s in order to obtain informed consent. For informed consent, I direct the veterinarian/s of Corriente as follows:

AUTHORIZED AGENT INFORMATION (authorized agents must be at least 18 years old)

Other than you, are there any person's who are responsible for decisions about the patients? ____ Yes* ____ No

*If yes, please list below

Name *(& relationship - optional)*	Contact Info	Authorization: (choose) Total / Emergency / Other
1)		
2)		
3)		

Emergency = only make decisions in critical situations when I (the owner) cannot be reached
Total = can make decisions in emergency and routine appointments in my absence Other = please specify conditions

PATIENT INFORMATION (this authorization will apply to all horses for this owner, whether or not they are listed below)

Name/s	Breed	Gender	Approx D.O.B.	Location (home/stable name)
1)				
2)				
3)				

____ (initial) I authorize Corriente Veterinary Service to disclose/discuss my horse/s' medical information to the management of the stable to better facilitate the care of my horse as well as maintain the biosecurity of the stable.

____ (initial) I understand every effort will be made to reach the owner, or if not available the person/s provided on this list prior to treatment. I authorize the veterinarian/s of Corriente to provide preliminary care if an emergency arises until able to reach one of these persons.

Please list any special directions not specified above (attach additional sheet if needed):______________________________
____

I acknowledge no guarantee has been made as to results that may be obtained. I understand complications may arise which cannot be predicted and I will be held financially responsible for any veterinary medical care necessitated by complications.

____
Owner Signature Printed Name Date

____
Witness Signature Printed Name Date