



**GUARDIAN EQUINE**  
Veterinary Services

**2024 Client/Patient Form**

Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Additional Owner: \_\_\_\_\_ Secondary Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_

Location of Animals \_\_\_\_\_

Animal #1: (Barn Name/Registered Name): \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_ . Age/DOB: \_\_\_\_\_

Animal #2: (Barn Name/Registered Name): \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_ . Age/DOB: \_\_\_\_\_

Animal #3: (Barn Name/Registered Name): \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_ . Age/DOB: \_\_\_\_\_

**Appointment Cancellation Policy:** If you miss an appointment or fail to cancel without 48 hours advanced notice of your appointment, a \$85 fee will applied to your account \_\_\_\_\_(initial)

**Authorizing Treatment:** I authorize Guardian Equine Veterinary Services PLLC and its employee's permission to examine, prescribe for, and/or treat my animals. I accept responsibility for all charges associated with the care of all the animals on my record. I am aware that these charges must be settled at the time of service, and I acknowledge that a deposit may be necessary for surgical treatment or treatment. If an owner cannot be present for veterinary services, it is agreed that an agent of the owner will be present and a credit card will be left on file for payment. Additionally, I understand and agree to a 1.5% billing charge, as well as the obligation to cover any collection charges for outstanding balances.

Cancellation Policy: If you fail to appear at your appointment or to cancel without 48 hour advanced notice, a \$85 fee will be applied to your account. This fee must be paid prior to any further appointments are to be scheduled. Guardian Equine Veterinary Services PLLC offers Emergency and Urgent Care services to current clients in good standing, which is limited to those who utilize routine services (biannual vaccines, annual Coggins testing, annual exams) and have a zero balance on the account. I understand these terms and conditions as listed above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_