

**RETAMA EQUINE HOSPITAL, INC.**  
17555 Old Evans Road  
Selma, Texas 78154  
210-651-6375 210-651-6376 (Fax)

Office  
Use Only: \_\_\_\_\_

**CLIENT INFORMATION FORM**

**\*\*MUST BE COMPLETE BEFORE EXAM\*\***

**My account will be set up as follows:**

Business Name(if applicable): \_\_\_\_\_

and/or Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Additional Owner(s) to add to account: \_\_\_\_\_

Home Phone: \_\_\_\_\_ / \_\_\_\_\_ Cell Phone: \_\_\_\_\_ / \_\_\_\_\_  
Name Name

Work Phone: \_\_\_\_\_ / \_\_\_\_\_ Alternate Number: \_\_\_\_\_ / \_\_\_\_\_  
Name Name

Email Address : \_\_\_\_\_

**PAYMENT IN FULL IS EXPECTED AT TIME OF SERVICE**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Professional fees are to be paid at the time services are rendered. There will be a \$25.00 fee on all returned checks. Please read carefully. Signature is required before exam or treatment.

I hereby consent and authorize Retama Equine Hospital, Inc., its doctors and representatives to administer such treatment, diagnostic, surgical, and anesthetic procedures as they deem necessary. None of the above will be held liable or responsible in any manner whatsoever, under any circumstances, for the care, treatment or safekeeping of animals, as it is understood, I assume all risks.

I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment. I also agree that no guarantee or assurance has been made as to the results that may be obtained. Furthermore, I assume financial responsibility for all charges incurred to patient, consent to release of medical information, and authorize direct payment to Retama Equine Hospital, Inc.

This practice's financial policy is that payment is due at the time services rendered.

*I understand that I am financially responsible for payment of all bills for veterinary services, late charges, and collection costs.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Who may we thank for referring you to us? \_\_\_\_\_

**\*WARNING\***

Under Texas Law (Chapter 87, Civil Practice and Remedies Code), a farm animal professional is not liable for an injury to or the death of a participant in farm animal activities resulting from the inherent risks of farm animal activities.