



PO Box 747
Newberry, FL 32669
Phone: 352.331.8434
Fax: 352.332.6552

vets@springhillequine.com
www.springhillequine.com

Erica Lacher, DVM
352.665.8222

Stephanie King, DVM
352.665.9838

Appointment Sign-in Sheet

Address: _____

City: _____ State: _____ Zip: _____ E-mail address: _____

Home Phone: _____ Cell Phone: _____

Horse Information (extra horses can go on the back):

Name: _____ Birthday: _____ Breed: _____ Sex: _____

Anything you would like us to know about your horse's specific health needs:

Reason for Visit:

Vet your appointment is with: _____ Appointment time: _____

Will you be picking your horse up today? YES NO

What does your horse normally eat? _____

As the owner/agent for the above named horse(s), I authorized Springhill Equine Veterinary Clinic and their agents to treat this animal as they deem necessary. I assume responsibility for all charges incurred during the care of this animal. I further understand that payment is due at the time services are rendered.

Signature: _____ Date: 8/8/2011

Drivers License: _____ Exp: _____

MC or Visa: _____ Exp: _____ V code _____

Please answer the following questions so we may serve you and your horse(s) better:

Is your horse taken out around other horses frequently? Yes No

Would you like to have your horse Micro Chipped while here? Yes No

Are your horse's vaccinations up to date? Yes No Date:_____

If not, would you like to have them updated? Yes No

Has your horse been Dewormed recently? Yes No Date:_____ Product:_____

Would you like a fecal check performed? Yes No

Have you noticed your horse having any problems chewing and/or dribbling food? Yes No

Are there any other problems you are concerned about? Yes No

(if yes, explain)_____

For Office Use Only: Office:_____ Doctor:_____ Tech:_____ Check out:_____

Treatments:
