

Dr. David Adam-Castrillo, VMD, MS
Diplomate, American College of Veterinary Surgeons

Dr. Rebecca Lefebvre, DVM, CVMMP
Dr. Rachel Hosier, VMD



BUCKS COUNTY EQUINE LLC

3161 Creamery Road, New Hope, PA 18938
Office: (215) 297-8470 Fax: (866) 297-0942
info@bceoffice.com

Date: _____

NEW CLIENT FORM

OWNER INFORMATION

Name: _____

Address: _____

Town, State, Zip: _____

Email Address: _____

Would you like to receive statements via email? Yes () No ()

Cell: _____ Home: _____ Work: _____

CC (Visa/MC): _____ Ex: _____ CVI: _____

Would you like to sign up for automatic payment? Yes () No ()

We require all medications be paid for up front

HORSE INFORMATION

Registered/Show Name: _____ Barn Name: _____

Breed: _____ Age: _____ Color: _____ Sex: _____

Name/Address of Stable: _____

Any previous illnesses or surgeries? _____

Any allergies to vaccines or medications? _____

I accept financial responsibility for medical services rendered to the above stated animal by Bucks County Equine, LLC and I am aware that interest will be charged at 1.5% monthly on any balance that remains past 30 days.

Signature of Owner or Authorized Agent

Date