



NEW CLIENT INFORMATION VETERINARY SERVICE AGREEMENT

Thank you for choosing North Bridge Equine Associates. By signing this document, you are forming an agreement with North Bridge Equine Associates PLLC to provide veterinary medical care to horses owned by the undersigned, and agree to bear financial responsibility for any provided veterinary care.

HORSE OWNER INFORMATION (please print)

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE#: _____ CELL#: _____
E-MAIL: _____

- Please send me appointment confirmations via: (please check one)
Email _____ Text Message _____
- Emergency Contact (If different from owner): _____
Tel#: _____

HORSE INFORMATION

HORSE #1:
Show name: _____ Nickname: _____
Description of Horse(s): _____
Age: _____ Breed: _____ Color: _____ Gender: _____
HORSE #2:
Show name: _____ Nickname: _____
Description of Horse(s): _____
Age: _____ Breed: _____ Color: _____ Gender: _____

HORSE LOCATION:

Stable: _____ Address: _____
City: _____ State: _____ Tel#: _____
Trainer/Authorized Agent: _____ Tel#: _____
Previous or Current Veterinarian: _____

Whom may we thank for referring you to us? _____

AUTHORIZATION TO TREAT (required – please initial after each statement)

1. I hereby authorize North Bridge Equine Associates to provide veterinary care to my horse(s) at my request as well as in my absence at the request of my trainer or barn management _____
2. I agree that I bear financial responsibility for any and all costs associated with veterinary care or services provided to my horse(s) by North Bridge Equine Associates _____

PRINT LEGAL OWNER'S NAME: _____
OWNERS SIGNATURE: _____
DATE: _____

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