LODI VETERINARY HOSPITAL

705 N. Main St. • Lodi, WI 53555 • (608) 592-7755 • (608) 255-4727 • 800-729-3231

Thank you for giving Lodi Veterinary Hospital the pleasure of caring for your horse's needs. So that we may better serve you, please complete the following:

Date:_____

Owner: _____
First Middle Last

Address:_____
City State Zip

Home Phone: (_____)_____ Cell Phone: (_____)_____

Employer:_____ Work Phone:(_____)_____

Occupation:_____ May we call you at work? ☐Y ☐ N

E-mail _____ Driver's Lic. # _____

Co-Owner: _____
First Middle Last

Address:_____
City State Zip

Home Phone: (_____)_____ Cell Phone: (_____)_____

Employer:_____ Work Phone:(_____)_____

Occupation:_____ May we call you at work? ☐Y ☐ N

E-mail _____

**In case of emergency and we are unable to reach you, is there someone you would like us to call?

_____ Phone number:(_____)_____

PAYMENTS--All fees are due at time of service. We accept cash, check or credit card.

Where is your horse kept?

Stable Name:_____ Stable Manager: _____

Address: _____
City State Zip

Stable Phone Number: (_____)_____

If you are a new client please fill out the following:

Previous Veterinarian/Clinic_____ Phone (_____) _____
May we call them? ☐Y ☐ N
If you were referred, whom may we thank? _____