

COUNTRY PLACE VETERINARY CLINIC, INC.

Equine/Livestock/Farm Animal Form

**Mandatory Items* Please write legible or will result in additional charges for test resubmission*

If filling out on phone download adobe acrobat for easy accessibility

Client/Owner Information

*Client/Owner Name: _____ Spouse/Partner/Trainer: _____

*Billing Address: _____ City: _____ State: _____ Zip: _____

*Parish: _____ *E-mail address: _____ (REQUIRED)

*Driver's License: _____ *Social Security Number: _____

*Phone: Primary: _____ Secondary: _____

*Who may we contact in case of an emergency if you are unattainable: _____

*Phone number(s): _____ Relationship: _____

Official Premises ID (PIN) or Location ID (LID) given by government or state to specific location (if applicable)

PIN _____ LID _____

Animal's Location* (if separate from owner's address must include)

Address: _____ City: _____ State: _____ Zip: _____

Label: (ex: South Barn) _____ Site/Premises/Barn:(ex: Barn 1, Breeding Site): _____

Patient Information (Animal)

*Name: _____ *Est. Age: _____ Est. DOB: _____

*Gender: _____ Altered? (castrated): () Yes () No *Species _____ *Breed: _____

*Color: _____

Markings(horse):

Head: _____ Neck and Body: _____ Other: _____

L. Forelimb: _____ R. Forelimb: _____

L. Hindlimb: _____ R. Hindlimb: _____

Permanent Identification: *

Brand Description (horses, cattle): _____

Microchipped? No () Yes () # _____

Lip Tattoo (horses): _____ Ear tag: Ear _____ # _____

Other: _____

Food Brand: _____ Amount(cups/pounds/quarts): _____ Frequency: _____

Hay/Alfalfa: _____ Amount (flakes/bails/free choice): _____

Treats (type, amount): _____

List ANY and ALL supplements or medications currently or recently used: (name, type, occasion, amount, started)

Please List ANY previous Medical Conditions/Reactions/Allergies/Testing/Diagnosis:

If this animal has seen another veterinarian, may we collect previous records? () Yes () No

Please provide name of previous veterinary care provider: _____

Date/Year of last veterinary exam: _____ Last Coggins Test & Results: _____

Vaccinations: _____

Please initial that you have read and understand the following statements:

- The safety of our employees and all involved (including yourself and your animal) is our first priority when working with livestock or equine. Sedation might be needed to evaluate your animal as well as perform procedures or treatments. Do you consent to proper/medical sedation of your animal (at your expense) if it is needed? () Yes () No Initials _____
If we are unable to do an exam, procedures, or treatments safely without sedation they will not be done, farm call visit fee will still be charged.
- For the safety of yourself, our employees, and your animal please allow the veterinarian and technician to handle your animal unless otherwise instructed by the veterinarian. If a veterinarian or technician ask you to step back or release the animal, you shall do so. If you do not, we are not liable for any injury to your animal, property, and/or yourself. Initials _____
- We do take pictures of our patients on occasion for medical records and government forms/testing. In addition, we will share some photos on our company website and social media.
 - Do we have your permission to post photos of your animal, your facility, or yourself on social media or the CPVC website? () Yes () No Initials _____
- A deposit may be required for extensive procedure/surgery/treatment or at time of admittance into the hospital. Initials _____
- **All fees are due at the time services are rendered. Initials _____**
 - Please indicate your primary choice of payment: () Cash/Check () Credit Card () Care Credit
 - Accounts unpaid after 30 days will be charged a monthly service fee of 1.50% or \$15.00, whichever is greater. Accounts greater than 90 days with no payment is considered delinquent and turned over to collection agency for processing.
 - Nonsufficient funds fee is \$30.00.

Printed Name: _____

Signature: _____ **Date:** _____

Please fill out, sign and date this document and return it to CPVC in person, by mail, via email, or fax.

1915 North Main Street, St. Martinville, LA 70582

reception.cpvc@gmail.com Fax: 337-394-6296

*Thank you for choosing Country Place Veterinary Clinic
for the trusted medical care of your animal(s).*



We use GlobalVetLINK (GVL):

With GVL's MyVetLink account and app, never lose specific records or certificates again. With MyVetLink it is easy to view and download GVL digital health certificates, EIA Coggins tests, veterinary prescriptions and more. Visit www.myvetlink.com and click Login in the upper right corner, or download the App in your App store.