



### New Client Form:

Name: \_\_\_\_\_ City: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone/Cell#: \_\_\_\_\_

Stable Address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License or SS#: \_\_\_\_\_ (Required by the State of Michigan)

Email address: \_\_\_\_\_ @ \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Horses

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: M S G Primary use: \_\_\_\_\_

Allergies, Previous Medical problems: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: M S G Primary use: \_\_\_\_\_

Allergies, Previous Medical problems: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: M S G Primary use: \_\_\_\_\_

Allergies, Previous Medical problems: \_\_\_\_\_