



William Engel, D.V.M.

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Client Information

Patient Information	Horse # 1	Horse # 2
Name		
Breed		
Date of Birth		
Color		
Sex		
Primary use of horse		
History of serious illness? (If yes, detail can be added on reverse)		
Allergies to medication?		
Vaccination History	Date vaccine was last administered	
Rabies		
West Nile		
Eastern/Western Encephalitis		
Potomac Horse Fever		
Rhinopneumonitis		
Influenza		
Tetanus		
Strangles		
Botulism		
Other		

I understand that payment is due at the time of service.
Any balance 90 days or more past due will be considered delinquent and collection action will be pursued.

Client Signature

**Please note that we are able to accept payment by cash, check or credit card. Please contact our office in order to keep a credit card on file.