Dear Client,

Welcome to Summit Equine Hospital! Thank you for choosing us to provide exceptional, professional, and compassionate care for your horse. We appreciate your business and look forward to a long-lasting relationship. Please complete this form and email to: summitreceptionist@gmail.com; mail to: 1600 E. Williams St., Apex, NC 27539; or bring to your initial appointment.

General Information:

- Contact: Phone: (919) 362-8879; Fax: (919) 589-0066; Email: summitreceptionist@gmail.com
- Office Hours: Monday – Friday from 8:00 a.m.-5:00 p.m.
- Emergency: 24 hour emergency service provided 7 days/week. Call: (919) 362-8879
- Payment: Due at time of service. Payment options include cash, check, Visa, MasterCard, American Express, Discover, and Care Credit*. For clients who cannot be present at time of service, we keep credit card information on file in a secure location. The card will be processed on the day of service. Hospitalization cases require a $500 minimum deposit and the remaining balance must be paid in full at time of discharge.
- *Apply for Care Credit at www.carecredit.com. Care Credit offers no interest options for payment of veterinary care.

New Client Information (please print):

First Name: _____ Last Name: _____

Phone Number(s): _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #/Driver's License #: _____

Credit Card: Visa_____ MasterCard_____ American Express_____ Discover_____ Care Credit_____

Credit Card #: _____ Expiration Date: _____ SVC# (back of card/front on AE): _____

Print name as it appears on card: _____

Signature: _____ Date: _____

(Note: Signing form authorizes Summit Equine Hospital to run the card on file for account balance at time of service.)

New Patient Information (please print):

Patient Name: _____ Nickname: _____

Species/Breed: _____ Sex:_____ Age/DOB: _____ Color: _____

Barn Name & Manager: _____ Barn Phone #: _____

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

Insured: Yes / No Company: _____ Phone: _____

Additional Patient Information (attach additional pages if necessary): _____