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New Client Form

Name _____

Address _____

Primary Phone _____ Can this phone receive text messages? Yes No

E-mail address _____

Please indicate how you would prefer to receive invoices by e-mail by postal mail

Please list any other important contacts that should have full access to your account information.

If any of your animals are boarded, please list facility address(es) _____

I authorize the release of medical information about my horse(s) to my barn manager:
 YES NO Initial _____

I authorize my barn manager to act as agent to make appointments and order medication for my horse(s): YES NO Initial _____

If your barn manager or any individual who is not listed on the account is authorized schedule medication and non/emergency care for your horse(s), please fill out a Third Party Authorization form.

Animal information

Name (barn name, registered name)	Sex	Age or DOB	Breed	Color	Use/ discipline

If you have >4 individual horses to be established patients, please attach additional pages with the above details.

Note that for official paperwork (Coggins, inter/intrastate forms) any registration numbers and permanent ID such as a microchip, tattoo or brand will also need to be recorded.