

BURNHAM CHIROPRACTIC

Human • Equine • Small Animal

Equine New Patient Form

This form *must* be completed in its entirety and returned to Dr. Burnham upon time of booking in order to hold your appointment. Any cancellations within 24 hours of your appointment time will result in your card on file being charged for your cancelled appointment. By signing below, you authorize Dr. Burnham to charge your card for appointments cancelled within 24 hours.

Patient/Owner Information

NAME: _____

EMAIL: _____

HOME ADDRESS: _____

PHONE: _____

Horse Information

NAME(S): _____

AGE(S): _____ yrs. _____ yrs. _____ yrs.

Mare **Gelding** **Stallion**

BREED(S): _____

FARM ADDRESS: _____

MAIN CONCERN(S): _____

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Veterinarian Information

VET NAME: _____

PHONE: _____

EMAIL: _____

Billing Information

CARD TYPE: _____

CARD NUMBER: _____

EXPIRES: _____ / _____

CVV: _____

BILLING ZIP: _____

SIGNATURE: _____

DATE: _____ / _____ / **20**_____

Thank you for your business.