



Topline Equine Veterinary Care | Dr. Jennifer Teigen
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New Client Information

Owners Name:	Phone:	<input type="checkbox"/> Cell <input type="checkbox"/> Texts OK
Address:	City:	State: Zip:
Email:	Secondary Phone:	
Emergency Contact:	Phone:	

Boarding Facility (If applicable)

Name of Facility:	Facility Owner/Contact:
Address:	City: State: Zip:
Phone:	Email:

Animal Information

Barn Name:	Registered Name:
Species: <input type="checkbox"/> Equine <input type="checkbox"/> Other _____	Breed:
Sex: <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion	Color: Birthdate: / /
Barn Name:	Registered Name:
Species: <input type="checkbox"/> Equine <input type="checkbox"/> Other _____	Breed:
Sex: <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion	Color: Birthdate: / /
Barn Name:	Registered Name:
Species: <input type="checkbox"/> Equine <input type="checkbox"/> Other _____	Breed:
Sex: <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion	Color: Birthdate: / /

Payment Information

Please select your preferred payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
Credit Card type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	
Card Number: - - -	Exp. Date: /
CVV/CVC Code (back of card):	Billing Zip Code:
<input type="checkbox"/> One time payment only <input type="checkbox"/> Keep card on file for future payments	
Cardholder Signature: _____	
Printed Name on Card:	

***** All fees and payments are due at the time of service unless
previous arrangements have been made. *****

Signature of person(s) responsible for payment: _____ Date: ___/___/___