

**DESERT PINES EQUINE  
MEDICAL & SURGICAL CENTER  
New Client Form**

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_ Spouse's SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ Spouse's Driver's Lic. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Spouse's Work: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Contact(friend, relative, etc.): \_\_\_\_\_

Phone: \_\_\_\_\_

Horse Name Age Breed Color Sex

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Horse(s) Boarded At: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

The signer on this account accepts full responsibility for all services rendered by the Desert Pines Equine Center on any, or all horse(s). A 1.5% monthly interest fee will be charged on any outstanding balance after 30 days. Should this account be sent to collection, the signer will be responsible for any service, collection, and/or legal fees.

Client's Signature: \_\_\_\_\_

**5000 N. Jones Blvd, Las Vegas , NV 89130 \* (702) 645-2247 \* Fax (702) 645-4694**