



New Client Form:

Name: _____ City: _____

Address: _____ Zip Code: _____

Phone Number: _____ Alt. Phone/Cell#: _____

Stable Address (if applicable): _____

City: _____ Zip Code: _____

Driver's License or SS#: _____ (Required by the State of Michigan)

Email address: _____ @ _____

How did you hear about us? _____

Horses

Name: _____ Age: _____ Breed: _____

Color: _____ Sex: M S G Primary use: _____

Allergies, Previous Medical problems: _____

Name: _____ Age: _____ Breed: _____

Color: _____ Sex: M S G Primary use: _____

Allergies, Previous Medical problems: _____

Name: _____ Age: _____ Breed: _____

Color: _____ Sex: M S G Primary use: _____

Allergies, Previous Medical problems: _____