



Veterinary & Rehabilitation Therapy Services

Client Information

Client Name: _____

Farm Name: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Trainer Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Veterinarian's Name: _____ Vet's Cell Phone: _____

Clinic: _____ Fax Number: _____

Client Forms:	Date Completed:
TJC Layover/Boarding Agreement:	
TJC Payment Agreement:	

Client Staff Forms:	Client Staff Member Names:	Date Completed:
TJC Liability Release and Waiver:		
TJC Code of Conduct Agreement:		

NOTE: A Horse Information Sheet and Consent for Therapy Form must be completed for each horse and attached to this form and/or the Layover/Boarding Agreement.

