

AMULET EQUINE REHAB AND CONDITIONING CENTER

550 Rostraver Road  
Belle Vernon, PA 15012  
(724)243-3393 (Office Phone)  
(724)268-3192 (Fax line)  
Office.amuletrehabcenter@gmail.com

ADMISSION FORM GENERAL INFORMATION:

Client Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Farm Name where horse resides (if different from owner name): \_\_\_\_\_

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

Farm Phone Number: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

.....  
Patient Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Gender: \_\_\_\_\_

Identifiable Marking/Tattoo/Brand: \_\_\_\_\_

Insurance Information:(if horse is insured)

Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Insured Value: \_\_\_\_\_

.....  
Payment Information:

Type of Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVI Number: \_\_\_\_\_

Treatment Plan Estimate: \_\_\_\_\_

Treatment plan has been presented and explained to me and I have been given opportunity to discuss the details with rehab personnel. I agree to pay specified amount in full, as well as charges for any other treatments that I have requested from recommendations made by the rehab center and in cooperation with my veterinarian.

Signature of Owner or Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

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