

# NEW 7 @ BT REGISTRATION

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_

\*Email \_\_\_\_\_

Please note: Your privacy is important to us.  
All information received in all forms and through other communications is subject to our [Patient Privacy Policy](#).

## <CFG9 INFORMATION

Horse's Name _____	Age/DOB _____
Breed _____ Horse / Other _____	Stallion _____ Mare _____ <i>Uca#(q) Á Ö^ ãã *</i>

Horse's Name _____	Age/DOB _____
Breed _____ Horse / Other _____	Stallion _____ Mare _____ <i>Uca#(q) Á Ö^ ãã *</i>

Horse's Name _____	Age/DOB _____
Breed _____ Horse / Other _____	Stallion _____ Mare _____ Stallion / Öelding

Horse's Name _____	Age/DOB _____
Breed _____ Horse / Other _____	Stallion _____ Mare _____ Stallion / Öelding

Horse's Name _____	Age/DOB _____
Breed _____ Horse / Other _____	Stallion _____ Mare _____ Stallion / Öelding

**All payments are due at the time of services rendered.**

I have read and understand the above statements and agree to all terms therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_