

Pegasus Clinic  
W6744 Rogersville Rd  
Fond du Lac, WI 54937  
920-960-3044  
[pegasusclinic@charter.net](mailto:pegasusclinic@charter.net)



New Client Information Sheet

**Please have this form ready at your first appointment, or email it prior to the appointment.**

**Owner's Info:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Stable Name, Address, and Phone (if different than above)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Horse info:**

Registered Name: \_\_\_\_\_  
Barn Name: \_\_\_\_\_  
Registration Number: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Gender: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Color: \_\_\_\_\_

**Horse info:**

Registered Name: \_\_\_\_\_  
Barn Name: \_\_\_\_\_  
Registration Number: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Gender: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Color: \_\_\_\_\_

**Horse info:**

Registered Name: \_\_\_\_\_  
Barn Name: : \_\_\_\_\_  
Breed: \_\_\_\_\_  
Gender: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Color: \_\_\_\_\_

**Horse info:**

Registered Name: \_\_\_\_\_  
Barn Name: \_\_\_\_\_  
Registration Number: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Gender: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Color: \_\_\_\_\_

**Horse info:**

Registered Name: \_\_\_\_\_  
Barn Name: \_\_\_\_\_  
Registration Number: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Gender: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Color: \_\_\_\_\_

**Horse info:**

Registered Name: \_\_\_\_\_  
Barn Name: : \_\_\_\_\_  
Breed: \_\_\_\_\_  
Gender: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Color: \_\_\_\_\_

**Horse info:**

Registered Name: \_\_\_\_\_  
Barn Name: : \_\_\_\_\_  
Breed: \_\_\_\_\_  
Gender: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Color: \_\_\_\_\_

**Please have your horse caught and groomed prior to the appointment.**

**We look forward to meeting you,  
Thank you for choosing Dr. Anne to care for your horse(s)!**