



# CLIENT CONTACT LIST

*Corresponds with Requirement 12.1*

**Client Name:**

**Client Horse(s):**

## Contact Information

**Home Phone:**

**Cell Phone Number:**

**Email:**

**Emergency Contact:**

**Relationship to Client:**

**Home Phone:**

**Cell Phone Number:**

## Veterinary Services

*This client uses the Attending Veterinarian. Please contact them in the event of an emergency.*

OR

*This client uses the services of the following veterinarian:*

**Client Veterinarian Name:**

**Clinic/Business Name:**

**Clinic/Business Address:**

**City:**

**Province:**

**Postal Code:**

**Contact Information:**

**Phone:**

**Email:**



**Alternative Veterinarian Name:**

**Contact Information:**

**Phone:**

**Email:**

\_\_\_\_\_ [Client Horse] IS ( ) or IS NOT ( ) a candidate for surgery in the event of a serious injury or illness.

Farrier Services

**Client Farrier Name:**

**Contact Information:**

**Phone:**

**Email:**

Insurance Contact (if applicable)

**Client Insurance Company Name:**

**Contact Information:**

**Phone:**

**Email:**