



2079 Joplin Street
Mora, MN 55051
office/fax (320) 679-8245
draumer@qwestoffice.net

Equine Wellness Program Enrollment Form

Client Information:

Client Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail Address: _____

Patient Information:

Horse Name: _____ Breed: _____

Age: _____ Sex: _____ Color: _____

Last Vaccinated: _____ Last Dewormed: _____ Last Dental Exam: _____

Current location of horse: _____

Payment Options:

Circle your package choice: Basic Package 'On The Go' Package

Circle Payment Method: Visa Mastercard Check Cash

Credit Card Number _____

Expiration Date: _____ / _____ 3-Digit Security Code: _____

Signature of Cardholder: _____ Date: _____

Please return completed form to our office either by fax (320) 679-8245, e-mail to draumer@qwestoffice.net, or mail to the address listed above.

****Any declined payments or overdue accounts will result in remaining services being put on hold until payments received****