

Peter F. Radue, DVM

Damascus Equine Associates
1941 Long Corner Road, Mount Airy, MD 21771
office (301) 829-2170 fax: (240) 668-0311 office.raduedvm@gmail.com

NEW CLIENT FORM

Welcome to the veterinary practice of Peter F. Radue, DVM. I am affiliated with a group of independent equine veterinarians, known as Damascus Equine Associates (DEA). The members of DEA include Dr. Roger Scullin, Dr. Michael Erskine, and Dr. James Lewis. Each veterinarian has their own ambulatory practice that covers most of Montgomery and Howard Counties, and includes parts of Carroll and Frederick Counties. The DEA clinic is located in Mount Airy and offers outpatient care by appointment only.

Damascus Equine Associates offers emergency service 24 hours a day, 7 days a week. I will be your primary veterinarian. DEA shares emergency coverage, so you may see one of the other veterinarians in case of an emergency.

If your horse has an emergency:

During office hours (M-F 9am-5pm) call: 301-829-2170

After Hours (evenings and weekends) call: 301-829-1055

Alternate after hours (use only if you are unsuccessful with 301-829-1055) call 301-253-3992

If you have an urgent problem and have not received a call within 15 minutes, please try again.

Payment for veterinary services is due in full upon receipt of our monthly bill. Overdue balances are subject to a 1.5% per month service charge and/or a minimum rebilling fee. Accounts with balances that are 90 days over due are subject to a payment plan with established minimum payments and a credit limit.

In order for us to provide veterinary care (routine or emergency) for a patient, a fully completed form must be on file.

Please complete and return the following forms by fax, e-mail, or mail.

Client Information

Name: _____

Name of Financially Responsible Party: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____

Preferred Method of Contact

Cell: _____

Home Phone

Cell Phone

Work: _____

Work Phone

Email

Other: _____

Would you like to receive appointment reminders by email?

Email: _____

Yes

No

Type of Credit Card: Visa MasterCard Discover

Credit Card Number: _____

Expiration Date: _____ CVV2# (last 3 digits on back of card): _____

I would prefer to automatically charge my credit card at the end of every month for the full balance.

Signature

Date

If you have been referred by one of our clients, please let us know so that we can thank them

Horse Information

Horse Name	Horse Full Name <small>(name on Coggins)</small>	Age	Breed	Sex	Color	Farm Location
				Mare Gelding Stallion		
				Mare Gelding Stallion		
				Mare Gelding Stallion		
				Mare Gelding Stallion		
				Mare Gelding Stallion		
				Mare Gelding Stallion		

Please include all vaccine and medical history that is available for each horse

Notes:

