



**DANIEL FORDHAM, DVM**  
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**WELCOME TO FORDHAM EQUINE!**

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

HORSE NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ COLOR: \_\_\_\_\_

BREED: \_\_\_\_\_ DISCIPLINE: \_\_\_\_\_

NOTES/KNOWN MEDICAL CONDITIONS:

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