



EQUINE VETERINARY CARE

AT FAIR HILL TRAINING CENTER

FINANCIAL POLICY

Equine Veterinary Care requires all clients to have a credit card on file. Payment in full is expected at time of service. Cash, Check or Credit Card is acceptable at this time. A \$25 fee will be charged for all returned checks and the credit card on file will be used at this time.

Name: _____

Stable Name: _____

Contact: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email Address: _____

Credit Card Information

Card Type: Visa _____ MC _____ Amex _____ Discover _____

Card Number: _____ Expiration Date: _____ / _____

Security Code: _____ Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature of Cardholder: _____ Date: _____

Horse Information

<u>Name</u>	<u>Age</u>	<u>Color</u>	<u>Sex</u>	<u>Breed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Insurance Company: _____ Telephone: _____

Authorized Agent

Name: _____ Telephone: _____

I authorize my agent named above to request veterinary services, treatments and medications for my horses on my behalf. Signature: _____ Date: _____