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Client Information & Billing Policy

(EFFECTIVE 10/1/2017, THIS IS REQUIRED FOR ALL CLIENT ACCOUNTS)

Please select 1 payment option **AND** provide credit card information to be kept on file for your account.

Payment Options (select one)

- Charge my credit card automatically on the last business day of each month.
- Pay at time of service with cash or check. (Your credit card on file will be charged if payment is not given at time of service.)
- Charge my Care Credit automatically on the last business day of each month

Account Number: _____ (a credit card number on file is still required)

Client Information:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Credit Card #: _____ Exp Date: _____ CVV #: _____

- Email Statement
- Mail Statement

Animal Information:

Address where horse is stabled at: _____

NAME:	BREED:	AGE:	SEX:	COLOR:
1.				
2.				
3.				
4.				
5.				

Signature: _____ Date: _____

Please call or email our office if you wish to revise your payment option.
staff3@olddominionequine.com