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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.)
 - Email Statement
 - Mail Statement

Client Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

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

Is this card a debit card? Yes ___ No ___

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.

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