



Client / Patient Information Form

Client / Owner Name: _____

Address: _____

Phone: Cell: _____ Home: _____ Work: _____

Horse Stabled at: _____ Barn #: _____

Directions: _____

Horse Description

| Show Name | Barn Name | Age | Breed | Sex* | Color |
|-----------|-----------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

*F=female G = gelding M= male

I hereby authorize Keystone Equine Vet Services to perform veterinary services on my horse(s). I understand that fees are payable at time of service. Those fees are payable with cash, check, Visa or MasterCard. Accounts not paid in full will be charged 1.5% per month on the balance and no further services will be provided. If legal action is necessary to collect unpaid fees, all costs of collection will be charged to the debtor. A copy of Keystone Equine Vet Services Financial Policy is available online or by request.

Signature: _____ Date: _____

Credit Card Information

Please fill in the information below as credit reference (Visa, MasterCard). If payment is not made by cash or check then your credit card will be billed at time of service.

Name on Card: _____ Card Number: _____

Expiration Date: _____ CVV# _____ Signature: _____