



New Client Information:

Date: _____

Completed by: Client Authorized Agent

Client Name:

Authorized Agent (if applicable):

Address:

Barn Name & Location:

Phone: () -

Email Address:

Horse's Information:

Registered Name: _____	Breed: _____	Gender: M <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/>
Reg Number: _____ Tattoo: _____	Age: _____	Color: _____ Description/Markings _____
Barn Name: _____		
What is the intended use for this horse?		

It is the policy of South 40 Equine, PLLC to obtain payment for services at the time that they are rendered. If you cannot be present, we allow you to pay by credit card. Please provide your credit card information prior to the time of your appointment. Even so, we are happy to accept payment by check, cash or money order at the time of the appointment. Otherwise, your credit card will be debited the total amount due the same day of the visit. By signing this form, you are authorizing our staff to run your credit card for the invoice total of services/items you've requested in the event that payment is not received at the conclusion of your appointment. Further, your signature, affirms the understanding that any debt not settled the day of the exam is billed at a finance rate of 18% APR or 1.5% per month, which ever amount is more, but no less than \$10.00 per billing cycle (25th of every month).

Type of card: Visa Master Card

Credit Card Number: _____ Exp. Date: _____ 3 – Digit Code _____

Billing Zip Code: _____

Name on Card: _____

Billing address if different from above: _____

Please hold my card on file, but I would prefer to pay by check, cash or money order

Signature of Buyer/Buyer's Authorized Agent

Date