



Forward Thinking Equine Veterinary Services, PC
PO Box 48
Green Lane, Pennsylvania, 18054
Ph: (610) 851-4282
Email: office@forwardthinkingequine.com

Client Information and Authorization Form

Client (Owner) Name: {ContactTitle} {ContactNameInformal}

Mailing

Address: {ContactPhysicalAddressLine1}, {ContactPhysicalAddressLine2}, {ContactPhysicalAddressCity}, {ContactPhysicalAddressState} {ContactPhysicalAddressPostCode}

Contact Methods: {ContactAllContactMethods}

Corrections to contact:

Additional Contact -

Number: Mobile

Emergency Contact - Name:

Number: Mobile

Permanent Address if other than mailing:

City: State: Zip:

Name on Driver's License:

Driver's License Number: State of issue:

Driver's License Exp:

Referred to FTEVS by:

Horse Registered Name:

Horse Barn/Alternative Name: Breed:

Color: Microchip: Tattoo/Brand:

DOB/Age: Sex: Gelding Mare Stallion

Horse's profession:

Insured? No Company:

Policy #:

Trainer: Phone:

Barn Manager: Phone:

Name & Address of Stable:

Gate Code: Is your Barn Manager authorized to call on your behalf? Yes

****FTEVS Payment Policy - All fees are due at the time of services rendered****

We require all clients to have a credit card on file with us. We accept cash, check or credit card payment. For clients electing to pay by cash or check at the time of service, a 3% discount will be applied to their invoice. For clients electing to pay by credit card, invoices will be sent first via email, then we will debit the invoice and/or balance with your credit card on file. The balance on any past due account will automatically be charged to the credit card we have on file if we do not hear back from you within 60 days. Balances over 30 days will incur 1.5% interest charge monthly. Any NSF payment will incur a fee of \$25. In addition, in the event of default where it becomes necessary to place this account into collections, the undersigned agrees to pay all costs of collections, including attorney's fees and court costs.

Name of Cardholder to be placed on file:



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Ph: (610) 851-4282

Email: office@forwardthinkingequine.com

Visa Card Number:
Exp Date: CVV: Debit Card: No
Credit Card Billing Address:
City: State: Zip:
Cardholder Signature: #WEBFORM-SIGNATURE# {TodaysDate}

I fully understand that professional fees, medications dispensed or mailed are to be paid at the time of services rendered, all special order medications must be paid at the time of ordering. I have read the above payment policy. To the best of my knowledge, the above information is true.

{#REMOTE-SIGNATURE-LINK#}{#REMOTE-SIGNATURE-LINK#}{#REMOTE-SIGNATURE-LINK#}#WEBFORM-SIGNATURE#
(Owner Agent) {TodaysDate}