



New Client Customer Information and Payment Authorization

Show/Appointment Location: _____ Barn #/Name: _____ Stall #: _____

Owner Name: _____

Mailing Address: _____ Billing Address (if different from mailing): _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Trainer/Agent Name: _____ Rider Name: _____

Trainer Phone: _____ Trainer Email: _____

Payment Method:

Check Credit Card Cardholder Name: _____

Cash Card #: _____ Exp: _____ CVV: _____

Patients: ***If your horse is insured please contact the office directly with policy information.***

Name: _____ Age: _____ Gender: _____

Breed: _____ Color: _____ Profession: _____

Level of Performance: _____ Boarding Location: _____

Name: _____ Age: _____ Gender: _____

Breed: _____ Color: _____ Profession: _____

Level of Performance: _____ Boarding Location: _____

Please select a payment option/schedule below:

Check/Cash at time of service

One Time Credit Card Payment at time of service

Recurring Credit Card Payment: Please enroll me in the Preferred Client Discount Program. I understand that this program entitles me to receive a 21% discount on all administered/dispensed medications and supplies. I understand that by enrolling in this program my credit card will be charged, without prior notification to me, monthly, in full, for total accrued charges. I understand I will receive a monthly statement but no further action will be required. I understand cancellation of this program must be in writing.

By signing below you authorize San Dieguito Equine Group, Inc. to charge the credit card provided for all services rendered based upon the payment schedule selected above.

Authorized Signature: _____ Date: _____

For Internal Use Only: Rcvd By: _____ HVMS: _____ CC List: _____ Payment Processed: _____
