

**PICKERING EQUINE VETERINARY SERVICES**  
**CLIENT INFO/CREDIT CARD AUTHORIZATION**

Date: \_\_\_\_\_

**CLIENT INFORMATION: (Person financially responsible for services)**

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Name (if different than above) \_\_\_\_\_

**CONTACT INFORMATION:**

Home Tel. #: \_\_\_\_\_ Work Tel. #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would like statements sent via: \_\_\_ U.S. Mail \_\_\_ Email

Other Contact Information: \_\_\_\_\_

**HORSE INFORMATION:**

Horse's Name: \_\_\_\_\_ Barn/Nickname: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Gelding Stallion Mare

**CREDIT CARD INFORMATION:**

Type of Card: \_\_\_ AmEx \_\_\_ MC \_\_\_ Visa \_\_\_ Discover

Name on Card: \_\_\_\_\_ Security Code \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing address of card: Street #: \_\_\_\_\_ Zip: \_\_\_\_\_

Person Authorizing Charge: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*\*THIS SECTION MUST BE COMPLETED TO PROCESS PAYMENT\*\***

**CREDIT CARD IS TO BE USED FOR:**

\_\_\_\_\_ This service only (date of service): \_\_\_\_\_

\_\_\_\_\_ All services for the period of \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Automatically charge any services (current and future) to this card.

\_\_\_\_\_ Other (please explain) \_\_\_\_\_