

KESWICK EQUINE CLINIC

CLIENT INFORMATION FORM

201 Taylor Street Gordonsville, VA 22942

Phone: 540-832-3030 Fax: 540-832-2508

Personal

Name _____ Spouse _____

Mailing Address _____

Physical Address _____

Email Address _____

Home phone _____ Cellular _____

SSN or Tax ID _____ Spouse _____

Credit Card _____ Exp. _____ Code _____

(VISA, MC, DISCOVER, CARECREDIT)

Employment

Business Name _____ Phone _____

Business Address _____

Bus. Name (Spouse) _____ Phone _____

Business Address _____

Equine Insurance

List insured horses (*name, age, breed, color, sex*) and insurance company contact information:

I certify that the information above is accurate and correct and I agree to pay for all services rendered by Keswick Equine Clinic (KEC) including an 18% per annum service charge on any past due balances. By signing this form, I authorize KEC to charge my balance to the above credit card should my account become past due. If any type of collection process is necessary to satisfy my account, I will be responsible for those incurred expenses including, but not limited to, attorney's fees and court costs.

Signed _____

Date _____

Signed _____

Date _____