

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 ☐DISC ☐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) on any horse presented to KEC by me or my designated agent from this day forward. **This includes 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 on day of service.** 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 _____