



Client Authorization Form

Client (Owner) Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Apt/Suite#: _____ Cell phone #: _____ Work #: _____

Home #: _____ Fax #: _____ Email: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Name on Driver's License: _____ Driver's License #: _____

State issued of driver's license: _____ Exp. Date of driver's license: ____ / ____ / ____

Referred to PBEC by: _____ Horse Registered Name: _____

Horse Alternative Name: _____ Microchip: _____ Tattoo/Brand: _____

Horses Profession: _____ Breed: _____ Age: _____ Gender: _____ Color: _____

Trainer: _____ Phone: _____ Groom: _____ Phone: _____

Name & address of where horse is stabled:

Gate Codes: _____ Barn Manager authorized to call on your behalf: Yes: _____ No: _____

The following people listed below are authorized to call on my behalf for veterinary services, medications or records needed:

_____ Phone: _____

_____ Phone: _____

PBEC PAYMENT POLICY, ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

We require all clients to have a credit card on file with us. We accept cash, check, credit cards or care credit. For the clients electing to pay by credit card, the invoices will be sent first via email then we will be debiting the invoices and or balance with your credit card on file. **THE BALANCE ON ANY PAST DUE ACCOUNT WILL AUTOMATICALLY BE CHARGED ON 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 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: _____			
VS/MC/DSC/AMEX	Exp. Date	CVV:	Debit Card: Y or N
Credit Card Billing Address: _____			
City:	State:	Zip:	Cardholder's Signature:

I fully understand that professional fees, medications dispensed or mailed are to be paid at the time of services rendered. A deposit is required on all horses admitted into the hospital and the balance must be paid before or upon discharge. I have read the above payment policy. To the best of my knowledge, the above information is true.

SIGNATURE: _____ **DATE:** _____

Please call Debra Gensbugel, Accounts Manager with any questions or concerns. Direct Accounting Cell (561) 914-0815 debra.gensbugel@equineclinic.com or Debra's assistant Daphne Slone (561) 662-9027 daphne.slone@equineclinic.com