

HORSE SHOW / EVENT CLIENT INFORMATION

| | | | |
|---|------------------------------|--|---|
| Primary Owner: | | Horse's Registered Show Name: | |
| Owner Cell Phone: | Owner Home / Alt. Telephone: | Barn Name / Nickname: | Show No.: |
| Email: | | Breed: | Gender: |
| Person Responsible for Payment: | | Color: | Age: |
| Billing Address: | | Training Stable: | |
| | | Trainer: | <input type="checkbox"/> Authorized Agent |
| City: | | Trainer Phone: | |
| State: | Zip Code: | Primary Care Vet.: | <input type="checkbox"/> Forward records |
| Payment by: <input type="checkbox"/> American Express <input type="checkbox"/> Care Credit <input type="checkbox"/> Cash/Check <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> MasterCard (Debit) <input type="checkbox"/> Visa <input type="checkbox"/> Visa (Debit) | | Primary Care Vet. Phone: | |
| Payment Card No.: | | Steinbeck Peninsula Equine Clinics requires payment in full at the time of service. <input type="checkbox"/> By signing this agreement, I understand and accept the terms and conditions of this payment agreement and authorize Steinbeck Peninsula Equine Clinics to debit my payment card. Should payment be denied, I understand these charges are due and payable directly to Steinbeck Peninsula Equine Clinics upon notification. | |
| Exp. Date: | CVC/Security Code: | | |
| <input type="checkbox"/> I do not want this payment card information kept on file. | | | |
| Cardholder Signature: | | | Date: |

Treatment Authorization:

I am 18 years of age or older and do hereby authorize the veterinarians and technicians to examine and administer treatment as is considered necessary for my animal's condition. An estimate of care options will be discussed prior to any treatments. In life threatening situations, stabilizing care may be instituted, but no invasive or diagnostic treatment will be undertaken until it has been discussed with me. I also authorize Steinbeck Peninsula Equine Clinics to fax or email my animal's medical record to my primary veterinarian for the purposes of sharing information only. I understand that Steinbeck Peninsula Equine Clinics may refuse services for any reason.

Payment Agreement:

The undersigned agrees to the terms set forth in the statement of financial policy incorporated herein by reference and receipt of which is hereby acknowledged. Further, that in the event of default in payment within these terms, the undersigned agrees to pay all costs of collection including reasonable attorney fees and court costs. While we are happy to work with you in presenting your claim to any applicable insurance, we do not bill insurance.

 Owner Signature: Date:

 Authorized Agent Signature: Date:



STEINBECK★PENINSULA

EQUINE CLINICS

steinbeckpeninsulaequine.com

Monterey Bay/Salinas Area:

15881 Toro Hills Avenue, Salinas, CA 93908 | (831) 455-1808

San Francisco Bay Area:

100 Ansel Lane, Menlo Park, CA 94028 | (650) 854-3162
 At the Portola Valley Training Center