



PO Box 1066
130 Hughes Rd
Whitesboro, TX 76273
855-467-7838
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New Client Form

Owner Name: _____ Trainer/Agent: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Mailing: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____
Birthdate: _____ Last 4 SSN: _____

Registered Name: _____ Breed: _____ Color: _____
Sex: Male Female Castrated: Yes or No Age/Birthdate: _____

Registered Name: _____ Breed: _____ Color: _____
Sex: Male Female Castrated: Yes or No Age/Birthdate: _____

May we have permission to post photos of your horse(s) on our social media platforms? Yes or No

How did you become aware of our practice? Facebook Website Other _____
If Personal Recommendation who do we have to thank? _____

Payment is due at the time of service. We accept cash, check, and all major credit cards.

We do require a credit card on file for any horse brought in by an agent/trainer that will be charged once services are completed.

Cardholder name: _____
Card Number: _____
Expiration Date: _____
Security Code: _____
Billing Zip Code: _____

*Any balance over 30 days will be assessed a finance charge with an annual rate of **18%**. In the event of default in payment of any amount due and if the account is placed with an attorney or collection agency, all additional charges equal to the cost incurred will be added to your balance with finance charges to the extent permitted by law.
Please note there will be a **\$30** service charge for any check returned unpaid.*

Owner/Agent Signature: _____ Date: _____
I authorize Premier Equine Veterinary Services to charge the credit card detailed above for services rendered on my account.