

ODESSA EQUINE CLINIC
Edward S. Gilbert, DVM – Fay O. Herrero, DVM - Emily B. Weaver, DVM
P.O. Box 96 – Odessa, FL 33556
Phone: 813-920-3697 or 813-920-2660 / Fax: 813-920-4686
Email: odessaequine@aol.com

CLIENT INFORMATION

PLEASE PRINT

Name _____ Social Security # _____ Drivers License # _____
Address _____
City _____ State _____ Zip _____
Home Phone (include A/C) _____ Cell Phone _____
Work Phone _____ Email address _____
Name of additional person responsible for horse bills _____
Relationship to you _____ Social Security # _____ DL # _____
Boarding facility name, address and phone number (if different from above address) _____

Horse(s) Description(s)

*Horse's Registered Name _____ Horse's Barn Name _____
Breed _____ Color _____ Circle one: Gelding Mare Stallion Age or DOB _____
*Horse's Registered Name _____ Horse's Barn Name _____
Breed _____ Color _____ Circle one: Gelding Mare Stallion Age or DOB _____
**Use the back of this sheet to list additional horses and their information.*

Credit Card Information

For payment convenience, the Odessa Equine Clinic accepts cash, check, and all credit cards. We require a credit or debit card number be kept on file. Unless prior arrangements have been made, your credit or debit card will be billed automatically for any bills past due where no payments have been made in the past 30 days from the most recent billing date. Past payment history will be reviewed when considering optional billing arrangements.

Please circle appropriate credit card and provide number:

Visa _____	Expiration Date _____	Security Code _____
Master Card _____	Expiration Date _____	Security Code _____
American Express _____	Expiration Date _____	Security Code _____
Discover Card _____	Expiration Date _____	Security Code _____

PRINT FULL NAME as it appears on card _____

This office charges fees which are reasonable in this community. The owner(s) of the horse(s) are responsible for paying all sums due. If it becomes necessary to collect any sum due through an attorney, then the undersigned agrees to pay all reasonable costs of collection, including attorney's fees and appellate attorney's fees, whether suit is filed or not. All past due balances will accrue interest at the rate of 18% per annum. The owner authorizes the release of any information acquired in the course of treatment as necessary to obtain payment or otherwise as necessary to treat the horse.

I have read and understand the Odessa Equine Clinic's billing policy and understand the ABOVE CREDIT CARD WILL ONLY BE CHARGED IF MY ACCOUNT BECOMES 30 DAYS PAST DUE WITH NO PAYMENTS.

Signature _____ Date _____
Print Name _____

OPTION: I HEREBY GIVE PERMISSION TO THE ODESSA EQUINE CLINIC TO ROUTINELY CHARGE MY CREDIT CARD ON A MONTHLY BASIS AS CHARGES ARE INCURRED.

Signature