



Daniel Equine Services LLC
Wellington, FL 33414
www.danielequine.com
drdanielequine@gmail.com
561-515-2685

New Client Information

Thank you for choosing Daniel Equine Services for your horses' care. We strive to provide excellent care for your horse. Please take the time to complete the new client and patient registration.

Date:

Client Information:

Title:

Name:

Billing Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Daniel Equine Services sends all invoices for service electronically. Please provide your email address:

Email:

Barn Address: check if same as above

Barn Name:

Barn Address:

City:

State:

Zip:

Barn phone:

Gate Code:



Daniel Equine Services LLC
Wellington, FL 33414
www.danielequine.com
drdanielequine@gmail.com
561-515-2685

Payment terms:

1. **Payment is due in full at the time service is rendered.** Please ask for an estimate prior to services provided. Payment can be made with cash, check, Visa, Mastercard, Discover, American Express. We do not provide in-house financing or monthly billing.
2. Unless otherwise requested, all invoices, medical reports and diagnostic images will be provided electronically.
3. Clients may elect for automatic payments.
4. Client shall notify Daniel Equine Services if he/she is unable to comply with the terms of this agreement.
5. Unpaid balances are subject to a 2% monthly interest charge (24% per annum) and a \$15.00 (fifteen dollar) per month accounting charge.
_____ (Initial)
6. Clients may pay by personal or business check. Client is responsible for all bank charges incurred by Daniel Equine Services if a check is returned, in addition to a \$25 (twenty-five dollar) service fee.
7. Daniel Equine Services has the right to refuse service at any time. Daniel Equine Services may not provide service to Client's accounts that are past due beyond 60 days.

All information provided here is true to the best of my knowledge.

Client Signature:

Client Name: (Printed)

Date:



Daniel Equine Services LLC
Wellington, FL 33414
www.danielequine.com
drdanielequine@gmail.com
561-515-2685

New Patient Information

Thank you for choosing Daniel Equine Services for your horses' care. We strive to provide excellent care for your horse. Please take the time to complete the new client and patient registration.

Client/Owner Name: _____

Name of Horse:		
Breed:		
Sex:	<input type="checkbox"/> Mare	<input type="checkbox"/> Gelding <input type="checkbox"/> Stallion
Color:	Age/D.O.B:	
Known allergies:		
Current medications/prescriptions:		

Name of Horse:		
Breed:		
Sex:	<input type="checkbox"/> Mare	<input type="checkbox"/> Gelding <input type="checkbox"/> Stallion
Color:	Age/D.O.B:	
Known allergies:		
Current medications/prescriptions:		

Name of Horse:		
Breed:		
Sex:	<input type="checkbox"/> Mare	<input type="checkbox"/> Gelding <input type="checkbox"/> Stallion
Color:	Age/D.O.B:	
Known allergies:		
Current medications/prescriptions:		



Daniel Equine Services LLC
Wellington, FL 33414
www.danielequine.com
drdanielequine@gmail.com
561-515-2685

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting Dr. Daniel. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Card Number:	_____ CVV: _____
Cardholder Name (as shown on card):	_____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

I, _____ (print name), authorize **Daniel Equine Services LLC** to charge my credit card above for veterinary services rendered. I understand that my information will be saved to file for future transactions on my account.

Signature

Date