

CONTRACT FOR SERVICES

Old Waterloo Equine Clinic
Post Office Box 3026
Warrenton, Virginia 20188
540-347-0807 (Office) 540-347-5526 (Fax)

This contract is confidential and must be completed in order for us to serve you in the best possible manner.

This contract serves as authorization for treatment for the undersigned's equine(s) by Old Waterloo Equine Clinic and/or its associates.

Name: _____
Last First Middle Jr./Sr. Or Maiden

Address: _____
Mailing & Physical City State Zip

Home Phone: _____ Cell/Alternate Phone: _____

Email Address: _____
Do you prefer your newsletter to come to you by email? Yes No ← Please choose one

Employer: _____ Work Phone: _____

Work Address: _____
Mailing & Physical City State Zip

Birth Date: ___/___/_____ Drivers License # _____

Credit Card Information: _____ / _____
Account Number Exp Date

Type of Card: _____ CVV Code: _____ Run after Each Visit Run at End of Each Month

If you supply your credit card information and do not select a run option from the above boxes we will automatically run your card after each visit.

I/We certify that the foregoing information has been supplied truthfully, accurately & voluntarily.

****Payment is Due at Time of Service unless prior arrangements have been made.****

I/We agree to the payment terms. Any balance due not received by us within (30) days of the invoice date shall be subject to an interest charge of 1 1/2 % per month, which is an annual rate of 18%. I/We also agree to pay all attorney fees, court costs, collection costs and all other expenses which may be incurred in collection of past due balances or uncollected or returned checks. Any disputed amount must be reported to us in writing within seven days of the billing date which will be the first of the month or we hereby forever waive any such claim.

Signature: _____ Date: _____