358 Foxridge Rd SW, Leesburg, VA, 20175, (703)505-2320
FAX (703)777-1891, info@totalequinevets.com

Client Information Sheet

Date _____/_____/_____

Your name: _____ Spouse _____
or other responsible party

Address: _____ Home Tel: _____

City_____ Cell: _____

State: _____ Zip code: _____ Work Tel: _____

****Email address: _____ Employer: _____

Please list other person(s) authorized to seek care or make medical decisions for your animal:
_____

Stable Name: _____ Barn Tel: _____

Credit Card to be held on file: Credit card type (circle): Visa / MasterCard / AmEx / Discover

Credit card number: _____ Exp:_____/_____ 3- or 4-digit code:_____

PATIENT INFORMATION

Please list all animals for which you assume responsibility. Use reverse side if necessary.

Name	Age	Breed	Gender	Color

DIRECTIONS

Please write specific directions to the stable, or attach online directions originating from Leesburg.
_____
_____
_____

PAYMENT

TEVA will gladly prepare a written estimate for any course of treatment you desire. **All professional service fees are due at the time services are rendered.** We accept cash, check, debit card, Visa, MasterCard, AmEx, and PayPal. In the rare event that payment is not received at the time of service, we charge a service fee of $5.00 minimum or 2% of the outstanding balance for balances over 30 days old per month until your account is paid in full. All fees associated with collection of delinquent accounts, including attorneys' fees and court costs, are the responsibility of the client. Returned checks will have a service charge of $35 added to the outstanding balance. Balances greater than 60 days may be automatically charged to the credit card on file.

I understand the terms of payment as listed above: _____
Signature is required for services to be performed

How did you hear about Total Equine? (Circle) Previous client, internet website, from Blue Ridge Vets, newspaper/magazine, personal referral

Please tell who referred you or the specific news source: _____