



New Client Information

For your convenience, we would like to keep your account updated with us at Energy Equine. Please fill out the following information for the office:

Name: _____
Address: _____
City: _____ Province: _____
Postal Code: _____
Contact Number 1: _____
Contact Number 2: _____
Email Address: _____

Horse Name: _____	Horse Name: _____	Horse Name: _____
Sex: _____	Sex: _____	Sex: _____
Age: _____	Age: _____	Age: _____
Color: _____	Color: _____	Color: _____
Breed: _____	Breed: _____	Breed: _____

Let us know your communication preferences:

- E-mail Statements
- Paper Statements
- Check here if you would like to receive e-mails from us for events, promotions and specials
- How did you hear about us? _____

AUTHORIZATION AGREEMENT

WE OFFER 2 OPTIONS FOR PAYMENT (PLEASE CHOOSE ONE):

- 1. AT TIME OF SERVICE USING CREDIT CARD ON FILE OR CASH PAYMENT**
- 2. BI-WEEKLY PAYMENT USING CREDIT CARD ON FILE (15th and 30th Monthly)**

In submitting this request, I authorize Energy Equine and my noted credit card company to debit my account in full for all veterinary services upon treatment or service of my animal OR bi-weekly.

- Debit my account at time of Service
- Debit my account bi-weekly

VISA/MASTERCARD NUMBER: _____

EXPIRY DATE: _____

CVV(three digits on back of card): _____

NAME ON CARD: _____

SIGNATURE: _____

DATE: _____

This information has been collected for the purpose of processing automated credit card payments for your account. The collection of this information is undertaken in accordance with applicable Privacy Legislation