

# Orange County Equine Veterinary Services

1633 East Fourth Street #170, CA 92630 Tel: (949) 472 0501 Fax: (949) 472 0654

Email: [office@ocequine.com](mailto:office@ocequine.com) Website: [www.ocequine.com](http://www.ocequine.com)

**\*\* Please complete application in its entirety. Any section(s) left blank will be considered incomplete and may cause delay for services\*\***

## OWNER(s) Information

Name \_\_\_\_\_

Last

First

Name \_\_\_\_\_

Last

First

Physical address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HomePhone \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_

Work Address \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Drivers license/ID # (REQUIRED) state \_\_\_\_\_ # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_

Person(s) who may authorize treatment for your horse(s) \_\_\_\_\_

Please email my statements/invoices to \_\_\_\_\_ @ \_\_\_\_\_

## PAYMENT AGREEMENT: PLEASE INITIAL PAYMENT METHOD

**Check:** I agree to make payment prior to, or at time of service. **Int** \_\_\_\_\_

**Cash:** I agree to make payment prior to, or at time of service. **Int** \_\_\_\_\_

**Automatic Payments:** I would like my account to be set up for automatic payments. I understand that OCEVS will keep my credit card on file and charge the balance 2-3 days after service(s) rendered. **Int** \_\_\_\_\_

**Terms:** A billing charge of \$5.00 and interest fee of 18% per year accrue after 30 days of non payment from date of service(s) rendered. In the event that my account becomes 60 days delinquent or treatment(s) is provided in my absence, I authorize OCEVS to charge the credit card below:

**AmericanExpress / MasterCard / Visa / Discover / Care Credit**

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

**PATIENT(s) Information:** Is your horse insured? \_\_\_ Yes \_\_\_ No

If yes, Insurance Company name \_\_\_\_\_ Policy# \_\_\_\_\_

Trainer(s) \_\_\_\_\_

Patients Name 1 \_\_\_\_\_ Age/Birth Date \_\_\_\_\_

Color(s) \_\_\_\_\_ Breed \_\_\_\_\_ Mare \_\_\_ Stallion \_\_\_ Gelding \_\_\_

Barn/Stable Location \_\_\_\_\_ Stall # \_\_\_\_\_ Gate code \_\_\_\_\_

Patients Name 2 \_\_\_\_\_ Age/Birth Date \_\_\_\_\_

Color(s) \_\_\_\_\_ Breed \_\_\_\_\_ Mare \_\_\_ Stallion \_\_\_ Gelding \_\_\_

Barn/Stable Location \_\_\_\_\_ Stall # \_\_\_\_\_ Gate code \_\_\_\_\_

I have read and understood the terms and conditions for OCEVS and I agree to pay for all services rendered upon release.

Date: \_\_\_\_\_ Signature \_\_\_\_\_