



ALICE LOMBARD DVM
360.667.3414
EEVETERINARY.COM
FRONTOFFICE@EEVETERINARY.COM

CLIENT & PATIENT FORM

CLIENT INFORMATION:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email address: _____
Mobile: _____ Home: _____ Work: _____

PATIENT INFORMATION:

Name: _____
Breed: _____
Color: _____ Sex: _____ Age/DOB: _____
Discipline: _____
Location of horse: _____
Any special directions to the horse's location: _____
Anything important we should know about your horse: _____

I hereby authorize Eclipse Equine Veterinary PC to perform veterinary services on my horse listed above and all other horses I own. Should unexpected lifesaving treatment be required, and Eclipse Equine Veterinary PC is unable to reach me or my agent, I hereby give my permission to provide lifesaving treatment and I agree to pay for such care.

I understand that payment is due when services are rendered. I understand that I am encouraged to discuss all fees related to care before services are rendered and during my horse's ongoing medical treatment. If I will not be present at the time of service a Credit Card Authorization must be on file, which I agree will be charged by Eclipse Equine Veterinary PC at time of service.

In the event of an overdue balance, I agree to pay a monthly billing and financing fee equal to 1.5% of the unpaid balance or \$5.00, whichever is greater. If legal action is necessary to collect unpaid invoices, I agree that all costs of collection will be charge to me.

Client Name (Signature): _____ Date: _____

Client Name (Printed) _____



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CLIENT & PATIENT FORM

ADDITIONAL PATIENT INFORMATION:

Name: _____

Breed: _____

Color: _____ Sex: _____ Age/DOB: _____

Discipline: _____

Location of horse: _____

Any special directions to the horses location: _____

Anything important we should know about your horse: _____

ADDITIONAL PATIENT INFORMATION:

Name: _____

Breed: _____

Color: _____ Sex: _____ Age/DOB: _____

Discipline: _____

Location of horse: _____

Any special directions to the horses location: _____

Anything important we should know about your horse: _____



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CREDIT CARD AUTHORIZATION

Credit Card type (circle one): MasterCard Visa Discover AmEx

Name on card: _____

Credit card number: _____

Expiration date: _____ Security code: _____

Billing address: _____ Billing zip code: _____

(initial) I agree to have my credit card automatically charged for all charges incurred **for each invoice.**

(initial) If I am present at the appointment, I agree to pay at time of service for each invoice, and if I do not pay in another method (different credit card, check or cash) **this credit card will be processed.**

In the event of an overdue balance, I agree to pay a monthly billing and financing fee equal to 1.5% of the unpaid balance or \$5.00, whichever is greater. If legal action is necessary to collect unpaid invoices, I agree that all costs of collection will be charge to me.

Card Holder Name (Signature): _____ Date: _____

Card Holder Name (Printed) _____