



SERVICE AGREEMENT

Name: _____ Date: _____

Address: _____

Phone: (Cell) _____ (Home) _____

(Emergency) _____

Email: _____

Would you like to be added to our newsletter? Y / N

Patient Name(s) _____ (please see reverse for patient information)

- Your agreement to pay for veterinary services is implied upon treatment of horse as approved by you or your trainer.
- The credit card below will be charged after each service is performed.
- If there is any dispute over work performed or billing client has 10 days from invoice date to reconcile the dispute with Harbour Ridge Equine.

I agree to all the terms set forth above.

Signature: _____ Date: _____

Credit Card Information:

Credit Card Type: _____

Credit Card Number: _____

Name on Credit Card: _____

Expiration Date: ____/____ CVV: _____ Billing Zip: _____

Signature: _____ Date: _____

Please mail completed form to: Harbour Ridge Equine, PO Box 1288, Palm City, FL 34991

Or

Fax # (772)283-8296

Or

Email: HarbourRidgeEquine@gmail.com