



Dear Client-

Thank you for choosing Summit Equine Hospital to provide services for your horse. We appreciate your business and look forward to a long lasting relationship. Our office hours are Monday-Friday 8:00am-5:00pm. We provide 24hr emergency service 7 days a week.

PAYMENT IS DUE AT THE TIME OF SERVICE. Options for payment are cash, check, credit card & care credit. We accept Visa, MC, AE & Discover. We are able to keep your credit card information in a secure location and can have your account set up to automatically be billed out per visit. This is required of those accounts where the owner is or cannot be present at the time of service. All hospitalized cases require a \$500 minimum deposit and the remaining balance is due in full at the time of discharge.

If you would like to apply for Care Credit, you can do so through their website at www.carecredit.com. They offer several no interest options and is a great source for payment on veterinary care. Please fill out the information below and return it to our office either by email to summitreceptionist@gmail.com or by fax to 919-589-0066. Once again, thank you for your continued support.

Clients Name _____

Address _____

Phone Number _____ Email _____

Social Security/ Driver's license #: _____

_____ Visa _____ MC _____ AE _____ Discover

Card Number _____ Expiration Date _____ SVC _____

(on back of card except AE, which is on front)

PRINT name as it appears on card _____

By signing and dating this form, you authorize Summit Equine Hospital to clear any balance on your account at the time of service. Thank you.

Signature

Date

Animal Information

Animal's Name: _____

Nickname: _____

Breed: _____ Sex: _____ Age: _____ Color: _____

Insured: _____ Company: _____ Phone: _____

List additional animal's information here:

