



25255 Cabot Road, Suite 107
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Phone/Text (949) 472-0501
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Website: www.ocequine.com

****Please complete all fields. We must receive your completed application before your horse can be seen****

New Client Application

Owner(s) Information

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone(s): _____

Person(s) who may authorize treatment for your horse(s) in your absence:

Name(s): _____ Relationship: _____

Phone Number(s): _____

(optional) In the event of an emergency where I cannot be reached, I authorize OCEVS to provide emergency care to my horse up to the amount of _____.

Patient's Name: _____ **Age/DOB:** _____

Color(s): _____ **Breed:** _____ **Sex:** _____

Barn/Stable Location: _____ **Stall # & location:** _____

Trainer: _____ **Gate Code:** _____

Insurance Company (if applicable): _____ **Policy #** _____

(Please use back of Form if more room is needed for additional horses)

Payment Agreement

*I understand that payment for all services rendered is due within 30 days and any invoices and nonpayment for services can result in 10% monthly service charge or \$5, whichever is greater. **Initial:** _____*

*I understand that I must cancel or reschedule an appointment 24 hours in advance of the appointment. If I am not able to comply with this policy, I may be charged a late cancellation fee. **Initial:** _____*

*OCEVS requires clients to have a credit card on file to establish an account.. Accepted forms of payment include cash, check, all major credit cards, and Care Credit. Unless otherwise requested, all statements/invoices will be sent electronically. Pick **one** of the following options:*

- I authorize OCEVS to set up my account on auto-pay. I understand that OCEVS will keep my credit card on file and charge the balance 24 hours after invoice is sent to the email provided. **Initial:** _____*
- I would like to use an alternative form of payment. If an alternative form of payment is not received within 30 days of the billing date, I understand my credit card will be charged for any outstanding balances. **Initial:** _____*

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

Date: _____ **Signature:** _____

The below portion will be shredded immediately after your information is stored in our encrypted software.

American Express / MasterCard / Visa / Discover/ Care Credit

Credit Card #: _____ Exp: _____ CVV: _____