

MISTY HOLLOW EQUINE PRACTICE PC
740 MCQUILKIN ROAD
APOLLO, PA 15613
724-727-7910
mistyhollowequiepractice.com

CLIENT INFORMATION

NAME ON CARD _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE: Home _____ Cell _____ Work _____
EMAIL _____

CREDIT CARD AUTHORIZATION

VISA _____ MASTERCARD _____ (*We do not except Discover
or American Express)

CREDIT CARD NO. _____
EXP. DATE _____ / _____
3 DIGIT PIN _____

*PLEASE CHOOSE ONE PAYMENT METHOD

___ MISTY HOLLOW EQUINE WILL MAIL INVOICES FOR SERVICES PERFORMED. IF A PAYMENT IS NOT RECEIVED WITHIN 30 DAYS OF INVOICES, THE AMOUNT WILL BE CHARGED TO ABOVE CREDIT CARD.

___ MISTY HOLLOW EQUINE WILL CHARGE CREDIT CARD LISTED ABOVE FOR SERVICES PERFORMED.

SIGNATURE _____

PLEASE MAIL FINISHED FORM TO ABOVE ADDRESS