



**Bruce S. Kuesis, DVM**

P.O. Box 6466 | Santa Barbara, CA 93160

Phone: 805.696.6784 | Fax 805.845.7486

Email: Office@missionequine.com

### CLIENT ACCOUNT & BILLING INFORMATION

Owner Name:		Owner Name:	
Mailing Address:			
City, State, Zip Code:			
Phone : Home	Phone: Work		Phone: Mobile
Email:			
Credit Card Type:	Expiration Date:		CVV Code:
Credit Card Number:		Name on Card:	
Credit Card Billing Address (if different from above):		Credit Card Signature:	

**\*\*The above referenced credit card will be charged monthly (on the 20<sup>th</sup>) for any and all statement balances\*\***

- ☐ Automatically charge my credit card for services and email my receipt.
- ☐ I would like my invoice and/or statements to be emailed to me at the referenced email address.
- ☐ I would like to receive the Mission Equine Associates email newsletter.

**Please read the following IMPORTANT INFORMATION:**

***I assume responsibility for all charges incurred in the care of my animal(s). I understand that all charges must be paid in full at the time of service. All past due balances will be assessed a monthly service fee of 1.5%. I authorize the above credit card to be charged for the full balance if not paid by the 20<sup>th</sup> of the month. Legal and collection fees are the responsibility of billed party, regardless of payment arrangements.***

Authorized Signature:	Date:
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### HORSE LOCATION INFORMATION

Barn Name:
Barn Address : (if different from above):

***\*\*I authorize my rep. (Name) \_\_\_\_\_ to request veterinary examination, treatment, or medication on my behalf and I promise to pay for all charges that may occur under this authorized individual. Initial \_\_\_\_\_***

Horse Name	Nickname	DOB/Age	Sex	Color	Breed