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Account Information

Name: _____
 Billing Address: _____
 Cell # and Home # if applicable: _____
 Place of Work and Phone#: _____
 Email Address: _____
 Spouse/Partner/Other Contact and Phone# _____
 Preferred method of contact voice, email, or text: _____
 Would you like to be on our email list for newsletter and special savings? YES NO

Internal use only: Account number: _____ Date Created: _____ Initials: _____

Animal Information

1. Horse's Name: _____ Age: _____ Breed: _____ Sex: _____ Color: _____	2. Horse's Name: _____ Age: _____ Breed: _____ Sex: _____ Color: _____
3. Horse's Name: _____ Age: _____ Breed: _____ Sex: _____ Color: _____	4. Horse's Name: _____ Age: _____ Breed: _____ Sex: _____ Color: _____

My horse(s) will be boarded at (Name and Address): _____
 and I authorize Nebraska Equine Veterinary Clinic to provide scheduled and emergency services for my horse(s).
 I understand I am responsible for payment of all veterinary expenses incurred. Nebraska Equine's financial
 policy is "Payment due at time of Service". Please provide us with a credit or debit card for our records which
 will be stored in a secure data base. This credit or debit card will be utilized if payment is not collected when
 services are rendered. Nebraska Equine expressly reserves the right to correct any billing or pricing errors.
 Please check the box for the option you wish to use.

- I will pay for each appointment at the time of service with cash or check and will supply a credit card to be on file knowing that if payment is not available at the time of the appointment this credit card will be used to pay for the work done.
- I want to pay with the Credit Card listed below with each invoice, and receipt being sent to my email.
- Care Credit
- Other _____

We accept VISA, MasterCard, American Express, Discover, Debit Cards and Care Credit.

Credit card number: _____ Exp date: _____ CVC: _____

If you are uncomfortable writing down your credit card information on this form, please call our office where we will take your information confidentially and securely. **Please sign and return this form to our office.**

Owners' signature _____ Date: _____