



**TRIANGLE EQUINE VETERINARY SERVICES**  
103 CANDY APPLE CT CARY, NC  
919 460-6300

### NEW CLIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Credit Card Billing Address (if different than above):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Type:       VISA       MASTERCARD

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV #: \_\_\_\_\_  
(Three digits on the back of the card)

Please check one of the following:

- Charge the above credit card the day services are rendered.
  
- Charge the above credit card one week after services are rendered.  
(This option gives you the opportunity to pay online, by check, or make other arrangement through the office).

I hereby authorize TRIANGLE EQUINE MOBILE VETERINARY SERVICES to automatically charge the full balance of my account to my credit card after services are rendered. Furthermore, I agree to notify TRIANGLE EQUINE MOBILE VETERINARY SERVICES of any change to the above before further services are rendered, and I understand that this authority will remain in effect unless cancelled by either party with 30 days notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_