EASTERWOOD EQUINE HOSPITAL
12093 Hwy 25
Calera, AL 35040
205-663-4000   205-378-2695 (fax)
horsedoc@easterwoodequine.com

Confidential Information

Owner's Name____

Permanent Address____

City_______________________________State_______________Zip_________________

Billing Address____

City_______________________________State_______________Zip___________________

Phone-Home#_______________Work#_______________Cell#__________________

Email address____

Would you like to receive newsletters and information via email?   Yes   No

Place of Employment____

Driver's License #/State_____________________

Primary form of payment:

* Cash * Check * Visa * Master Card * Discover * American Express *

*Venmo (Jud-Easterwood) * Care Credit*

Client is responsible for making Venmo transaction upon presentation of the invoice.

Care Credit can be applied for at carecredit.com

It is our hospital policy to receive payment at time services/products are rendered.

I agree to pay all reasonable costs and attorney's fees for collection purposes.

Agreed by _________________________________L.S. (Please sign) Date _____/_____/20____

Whom may we thank for your referral: _____________________________________

Address_____________________________________

Phone_____________________________________