

**PALMETTO EQUINE CLINIC, LLC**  
952 Field Trial Rd. Camden, SC 29020  
803-432-9525 phone 803-432-9525 fax

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**New Client Information Form**

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

Owner: \_\_\_\_\_

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

\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

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

Stable/Trainer: \_\_\_\_\_

Credit Card Information: Mastercard/Visa Card #: \_\_\_\_\_

Card Exp. Date: \_\_\_\_\_ 3-Digit Code: \_\_\_\_\_

Method of Payment (check one of the following):

Cash or Check payment at time of service.

Automatically run credit card at time of service. An itemized bill will be sent to you.

Horses:

Name	Color	Sex	Age	Breed
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

I understand that I am responsible for any and all charges acquired during the treatment of my animal. Payment is due at the time services rendered. Any Payment plan or agreement *must be previously discussed* with the clinic director or veterinarian during business hours.

Signature \_\_\_\_\_

