



Amy Rippey, DVM  
Ryan P. Jacques, DVM  
PO Box 1498,  
Celina, Texas 75009  
Phone (972) 382-8331  
E-mail: Info@riverbendequine.com  
Website: www.Riverbendequine.com

Welcome to Riverbend Equine Medical Center PLLC. Please print the following contact information for our records. Thank you.

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

Address:(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Mailing/Billing Address: (if different from above)

Drivers License #: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Horse Stabled at: \_\_\_\_\_ Barn #: \_\_\_\_\_

Barn Mgr. authorized to call for emergency procedures: Yes or No

Barn has authorization to initiate treatment up to \$\_\_\_\_\_ if you are unable to be reached. Initial: \_\_\_\_\_

Directions: \_\_\_\_\_

### Payment Agreement

All accounts are payable upon the receipt of statements or at the time of service. It is Riverbend Equine Medical Center's policy that a current credit card **must** be on file if payment is not made at the time of service. If a balance is more than 90 days overdue, Riverbend Equine Medical Center reserves the right to charge your card for all outstanding balances.

*\*\*\*\*Balances not paid within 30 days of statement date are subject to an annual finance charge. Riverbend Equine Medical Center reserves the right to refuse services when the owner's account is past due.*

Method of Payment: ( ) Cash ( ) Check ( ) Credit Card - VISA, Master Card, and Discover

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Sec. Code (3 digit) \_\_\_\_\_

Name and billing address of Credit Card (If different from above)

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

Signature \_\_\_\_\_

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

Name of Horse: \_\_\_\_\_ Brand/Tattoo: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Is this horse insured?  Yes  No

Insurance Agency: \_\_\_\_\_

Contact Agent: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Brand/Tattoo: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Is this horse insured?  Yes  No

Insurance Agency: \_\_\_\_\_

Contact Agent: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Brand/Tattoo: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Is this horse insured?  Yes  No

Insurance Agency: \_\_\_\_\_

Contact Agent: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Brand/Tattoo: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Is this horse insured?  Yes  No

Insurance Agency: \_\_\_\_\_

Contact Agent: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Brand/Tattoo: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Is this horse insured?  Yes  No

Insurance Agency: \_\_\_\_\_

Contact Agent: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Telephone: \_\_\_\_\_