

96 Poole Rd East  
New Hill, NC 27562

3H Equine Clinic and Veterinary Services  
Fernando Cardenas Jr., DVM  
Elaine Means DVM  
Tracy Tinsley DVM  
Erin Slaughter DVM  
Ashleigh Crowell DVM  
Candice Lorandean VMD

[3hvet@3hvet.com](mailto:3hvet@3hvet.com)  
Office (919) 363-1686  
Fax (919) 363-1682

## New Client Contact Information

(All Fields Required For Client Accounts)

Client Name \_\_\_\_\_

Horse(s) Name \_\_\_\_\_ Horse DOB \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers where you can be reached \_\_\_\_\_

Driver's License # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## Payment Options

(Select One)

Please select one option **AND** provide information for one credit card to be kept on file for your client account. Payments must be received no later than 30 days after the billing date, **or your credit card will be charged for the full amount indicated on your bill.**

- Charge my credit card automatically on the last business day of each month.
- Bill me. (Outstanding balances will be applied to credit card after 30 days.)
- Pay at time of service with cash or check. (Outstanding balances will be applied to credit card after 30 days.)

**We accept Visa, MasterCard, American Express and Discover.**

Name As It Appears on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Verification Number \_\_\_\_\_

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

Please contact us at any time if you wish to revise your payment plan.