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3H Veterinary Services
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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.

(Please circle card type)

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.