



Phone: 609-758-9100 Fax: 609-758-7004
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NEW CLIENT INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL: _____
WORK PHONE: _____ E-MAIL: _____

All new clients must have a credit card or debit card on file. We take Visa, MasterCard, Discover, and American Express.

CARD #: _____ Exp: _____
Sec.code: _____ Billing address if different from above _____

Please note that the first visit will be charged to your card. Once you're established, please choose one of the following:

Charge my card automatically at the end of the month.

Keep the card on file but I prefer to pay by cash or check within 30 days of the statement. I

understand that if my bill isn't paid within 30 days of the statement, my card will be charged for the amount due.

Signature: _____

STABLE INFORMATION – Same as above Yes No (If No, complete this section)

STABLE NAME: _____
CONTACT NAME: (owner, trainer, manager) _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE #: _____

I authorize the barn manager to act as agent to make appointments and order medication for my horse (s). Yes No

HORSE INFORMATION

SHOW NAME / BARN NAME: _____
AGE: _____ BREED: _____ COLOR: _____ GENDER: _____
Insurance Company (if applicable): _____ Phone #: _____