

## 503-631-4100 CLIENT REGISTRATION FORM

last		first	
Address:			
street	city/town	state	zip
Home Phone:	Work Phone:		-
Cell Phone:	E mail :		
Employer & Work Address:			
I bank at:	Whom may we thank for referring you		
	YOUR HORSE IS BOARDED AWAY able Oregon Equine to provide prompt veto		orse(s), please provid
I hereby authorize (barn or mana obtain elective or emergency vet	ger) erinary care for my horse(s).	to contact C	Dregon Equine Inc to
Client Signatur	e	Date	

## FINANCIAL AGREEMENT

*Payment of all fees is due at the time of service.* Payment options are; Cash, Check, Visa, and MasterCard. Oregon Equine Inc reports to the credit bureaus (Equifax, Experian and Trans Union). There is a \$50.00 NSF fee for returned checks and cards that are not approved. Twenty-four-hour notice is required for an appointment cancellation or a full farm call will be charged.

I understand and agree that I am responsible for payment of all fees including but not limited to, farm calls, veterinary services, chiropractic care, medical and other supplies administered or dispensed for my horse(s) as well as the care given to my horse(s) by Oregon Equine Inc. I also understand and agree that I am responsible for any & all additional billing, **finance charges** which are computed at the rate of one and one half percent (1.5%) per month or an **annual percentage rate of eighteen (18%) percent with a monthly minimum charge of \$15.00**, late charges, any and all collections costs, attorney fees, and court costs associated with the collection of payment. Furthermore, I understand and agree that action to collect my account will be taken and understand that this action may include reporting the account status to any credit reporting agency such as a credit bureau, collection agencies, and legal action. *Payment of all fees is due at time of service*.