



CHASTAIN
~ equine medicine ~

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CREDIT CARD AUTHORIZATION FORM

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____ Fax _____

Email _____ Cell Phone _____

Effective Communication and understanding of practice fees and financial policy are vital to establish and maintain a rewarding professional relationship between client and veterinarian.

- Payment of fees is due at the time that veterinary services are rendered.
- If your horse is insured, please plan on paying for our veterinary services directly. We do not bill insurance companies only patient owners. Insurance arrangements do not affect when payment for veterinary services is due.
- Accounts not paid within 30 days begin accruing interest at 18% per annum (1.5% per month). If your account is charged interest, you are responsible for the interest and it should be included with your payment.

Charge my card after each visit.

Charge my card at the end of the month.

Charge my card only if not paid by the 20th of the month following service.

Cardholder's Name _____

Card Type _____ Card # _____ Exp _____

I understand that my account balance will be automatically charged as I have indicated above. I also understand and agree that this authorization to pay with my credit card remains in effect until cancelled by me with 30 days written notice and my account balance is zero.

Signature _____ Date _____

