



7150 North Park Drive · Suite 550
Pennsauken, New Jersey 08109 USA
Phone (856) 438-0820 · Fax (856) 330-4094

Client Information Form

To establish an account, please complete this form in its entirety and fax to Equine Health Labs at 856-330-4094.
Or email a scanned copy of the completed form to info@equinehealthlabs.com.

Please Print Information

Name of Authorizing Person: _____

Name of Office or Organization: _____

Office Contact Person / Title (if applicable): _____

Shipping Address: _____

Billing Address (if different from above): _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Board Certified Veterinarian? Yes No

How did you hear about us? Internet/Email Sales Rep Call

Word of Mouth Advertisement Conference Don't Remember

Approximately how many horses are under your care? _____

Payment Agreement

The Authorizing Person named above ("You", "Your") agree to promptly pay for lab services scheduled to this billing account. Equine Health Labs will hold your credit card information on file, as below, and agrees to charge for lab services only as requisitioned by you after your specimens are received at the lab.

Check one: Visa Mastercard AMEX

Credit Card Number: _____ Exp Date: _____

Name on Card: _____ Security Code: _____

Card Holder Signature: _____