

# Marks Horse Shoeing LLC

[Marksshoeing@gmail.com](mailto:Marksshoeing@gmail.com)

(603)969-3231

## Prospective Client Form

Hello!

Thank you for your interest in using our services. Every horse and client gets the highest quality work and the utmost professionalism.

Please fill out the following information so I can get to know you and your horse.

Owner

Address

City

State

zip

Phone

Email

Facility Where Horse is Located

Address

City

State

Phone

Trainer

Trainer phone

Veterinarian

Vet Phone

Horse(s) Info

Name(s)

Age(s)

Breed(s)

Sex(s)

Discipline(s)

Approximate weekly usage(s)

Injury History/Current Soundness

Behavioral Issues (if any)

Additional Information

How did you hear about Marks Horse Shoeing LLC?

**All Payments are due at the time of service.** We accept cash, checks, credit cards and paypal payments.

Signature

Date

Thank you we look forward to working with you and your horse(s)!

Please email this form to [Marksshoeing@gmail.com](mailto:Marksshoeing@gmail.com)

# Marks Horse Shoeing LLC

Please complete this form if you wish to by via credit card. Once completed please email to [Marksshoeing@gmail.com](mailto:Marksshoeing@gmail.com)

I, \_\_\_\_\_ hereby authorize Marks Horse Shoeing LLC to keep my credit card and signature on file to charge my account for services rendered. Credit card information is kept confidential and secure. If payment for services rendered is not received at the time of the appointment, Client authorizes Marks Horse Shoeing LLC to apply the charges to the credit card on file by providing my credit card number and signature. I authorize Marks Horse Shoeing LLC to charge my credit card for an account balance that is outstanding on completion of services rendered. This authorization is revocable in writing at any time upon written notification to Marks Horse Shoeing LLC.

Name on Card:

Signature:

Date:

Email:

Billing Address:

***We require the following information to process payments***

Card#

Security code:

Expiration

Billing zip:

***Please Initial***

**Keep authorized CC on file:** I would like to authorize Marks Horse Shoeing LLC to keep my card on file for all services rendered and charge my card at the time of each service unless I wish to cancel this authorization in writing, as mentioned above. I understand that my card will be charged for services that I may not be notified of immediately. *\*by signing here the card will be charged and a receipt of the charges will be sent.*

