



B.W. Furlong & Associates

Oldwick, NJ | Wellington, FL

Peak Performance Equine Services

Middleburg, VA | Ocala, FL

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Peak Performance

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New Client and/or Billing Authorization Form

Owner(s) Name:

Last First M.I.

Mailing Address:

Street/PO Box City State Zip Code

Phone: Cell (____)____-____ Home (____)____-____ Work (____)____-____ Tax ID (if applicable): _____

Date of Birth: _____ Driver's License #: _____

Email(s): _____

Please send my statements by: Mail Only Email Only Mail and Email

Barn Information (if different from above):

Barn Name Street City State Zip Code

I give authorization for _____ to request veterinary examination, treatment, and/or medication on my behalf and I promise to pay for all charges that may occur under this authorized person.

PLEASE COMPLETE REVERSE SIDE

