



Quipolly Equine Centre
81 Pryor St
Quirindi NSW 2343
Fax: (02) 6746 2474
Mob: 0467 462 088
E: qec@qvg.com.au

CLIENT FORM

Client Name: _____

Phone: _____ Mobile: _____

Postal Address: _____

Town: _____ State: _____ Postcode: _____

Email: _____

Facsimile: _____

ABN: (If applicable): _____

Client Communication:

Please indicate the best method to update you with mare progress reports.

☐ Phone ☐ Text Message ☐ Email

Farrier: Are you happy for QEC to use their own discretion in regard to the need of a farrier?

YES ☐ NO ☐

PLEASE READ CAREFULLY:

On signing this form I agree to the following conditions:

- **Full Payment is payable before your mare departs Quipolly Equine Centre.**
- I have read the Quipolly Equine Centre Price List and am aware of all costs.
- I am responsible for the payment of the final account and if payment is not received I am aware that legal action will be sought and costs associated with the debt recovery will also be my responsibility.
- Quipolly Equine Centre and its staff will take all care and provide attention and service to your horse while they are at the centre. However, problems such as sickness, injury and lameness may occur. In the event that you cannot be contacted regarding unforeseen problems QEC will treat the animal as required. The client is responsible for any costs that may be associated.

Payment:

Electronic Funds Transfer - Bank Details: BSB: 062 594 Account: 1012 8552

Credit Card: ☐ Visa ☐ Mastercard ☐ Bankcard

Card Holders Name: _____

Card Number: _____ Exp: _____

Signature: _____ Payment Amount: _____

Signature: _____ **Date:** _____

Staff Member: _____ Date: _____