

LAKE KOOCANUSA ARENA, LLC

6170 Highway 93 North, Eureka, MT 59917 406-889-5188

AUTHORIZATION TO PERFORM SERVICES

Name: _____ Spouse: _____

Mailing Address: _____

Home Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____ for whom? _____ Employed by: _____

HORSE INFORMATION

Name	Breed	Age	Sex	Color
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Insured? _____ Name of Insurance Company _____

Agent _____ Phone # _____

Payment is to be made at the time service is rendered

Your signature gives approval for drugs, x-rays, diagnostics, etc., that are needed in the treatment of your horse.

Signee assumes all financial responsibility for services rendered.

Signature: _____ Date: _____

Client Credit Information

Preferred method of payment: _____ Cash or Check _____ Credit Card
Credit Card Information _____ Visa _____ Master Card _____ Discover _____ Am. Express
Card # _____ Expiration Date _____

Authorized Signature _____

Print Authorized Signature _____