

35 McDaniel Rd
Tioga, TX 76271



Dr. Richard Rocconi
Office: 940-230-6611
Fax: 940-222-2760

Date: _____

Farm: _____

Trainer: _____

Client Name: _____

Email: _____

Phone Number: _____

Address:

Horse Name(s), Age, Breed Gender, Color

Mid-South Equine requires a Credit Card to be on file for payment. **Unless prior arrangements have been made, the credit card will be used to settle a balance left unpaid after 30 days.**

Please check which billing method you prefer.

_____ Mail Statements

_____ Email Statements

Credit Card: _____

Expiration: _____ CVS: _____

I authorize the trainer to act on my behalf for the above named horse(s).

Client Signature: _____