

## PAYMENT PLAN REQUEST FORM

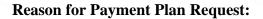
Please complete the following information to request a payment plan.

NOTE! This form can only be used to discharge a horse that has an outstanding bill when signed by a representative of the Finance Department of the Equine Hospital.

Personal Information (ensure it is up to date for future communications):

- - Preferred Payment Frequency: [] Weekly [] Monthly or in full by (date \_\_\_\_\_)
  - Amount You Can Pay Weekly: \_\_\_\_\_Monthly: \_\_\_\_\_

المملكة العربية السعودية -ميدان الملك عبدالعزيز للفروسية -طريق الجنادرية- ص.ب 26323 الرياض 11486 kingdom of saudi arabia King Abdulaziz Racecourse- Jandariyah RD P.O Box 26323 Riyadh 11486 مستشفی الخیل The Equine Hospital



• Please briefly explain why you are requesting a payment plan:

## **Additional Outstanding debt:**

• Briefly explain why a previous outstanding debt has not been cleared:

## **Agreement:**

By signing below, I acknowledge that I am requesting a payment plan for the amount owed. I understand and agree to the terms of the payment plan, including the agreed-upon payment amount and frequency.

Failure to comply with this agreement will result in an increased deposit fee of future hospital admission requests and/or a decline in attending elective cases.

Signature/date of the paying client or representative delegated:

Signature/date from the Equine Hospital Finance Department:

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