



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):

- Full Name: _____
- Address: _____
- ID/Iqama number: _____
- Phone Number: _____
- Email Address: _____

Payment Details:

- Horse name/microchip n: _____
- Admission date: _____
- Deposit made upon admission: _____
- Total Amount Owed for this case : _____
- Total Amount of Additional Outstanding debts with The Equine Hospital:

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



Reason for Payment Plan Request:

- 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: _____