

Payment Authority Form

Payment Details

Visa [] Mastercard []

Card Number: _____ Expiry Date: ____/____

Cardholder Name: _____

Cardholder Signature: _____

Date: ____/____/____

Please Note:

Your service will not proceed unless full payment has been received.

Please ensure the payment authority form has been completed and returned to Ovens Valley Equine.

Providing equine reproductive and veterinary services

Dr. Allison Arnott BVSc (Hons), MRCVS • Equine Services

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