



Cost of Services Estimate

Therapy:	\$
Board: (hay, shavings, grooming, cleaning & turn-out included)	\$
Additional Services:	\$
Total:	\$

Request for Invoice

Please feel free to request a copy of your invoice at any time during your horse's stay with us.

I understand that the statement of costs here is an estimate and may not include any unexpected charges or fees that may be necessary for treatment. I will be contacted should any charges in excess of \$ _____ be deemed necessary prior to administration of services.

Client Signature: _____ Date: _____

Jaeckle Centre Representative: _____ Date: _____