

VETERINARY SERVICES AGREEMENT

All new clients must pay for their first appointment at time of service by cash or credit card. Payment is required at the time of service.

**HORSE OWNER INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

**HORSE INFORMATION**

HORSES NAME(S) (Barn name and Registered) include age (Birthdate), Gender & breed (As you would want it to appear on your coggins):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Stable: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Agent(s): \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize my agent to make appointments and order medication for my horse and give him/her permission to charge such appointments/medications to my credit card.  Yes  No

I authorize the release of medical information about my horse(s) to my agent.  Yes  No

**ACCOUNT INFORMATION** (required – please initial after each statement)

1. I understand that I must pay all accounts in full upon receipt of invoice. \_\_\_\_\_

2. I would like to sign up for EZ pay to have my bills automatically charged to the credit card I have on file. Any time a charge is applied to your card, we will send you an invoice for your records.  Yes  No

3. I hereby authorize Premier Equine Veterinary Service to provide routine and emergency care to my horse(s) whether or not the horse is listed above in my absence or at the request of my barn management/trainer/authorized agent. \_\_\_\_\_

4. You represent that you are presently able to comply with terms herein, and that if you should become unable to make timely payment of outstanding invoices, you will notify Premier Equine Veterinary Service. \_\_\_\_\_

5. All accounts that remain unpaid after **30 days** are considered past due. A late fee of 2% per month. Client shall pay all costs and expenses, including reasonable attorney's fees and collection fees, which are incurred by Premier Equine Veterinary Service to collect any past due accounts. \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ V code: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_