



# VETERINARY SERVICES AGREEMENT

Premier Equine Veterinary Service  
16935 W. Bruce Road  
Lockport, IL 60441  
office@premiervet.care  
888-860-0244 | 630-984-5221

Thank you for choosing Premier Equine Veterinary Service to care for your animal(s). Please take a few minutes to provide us with the information listed below. All new clients must pay for their appointment at time of service by cash or credit card. Payment is required at the time of service.

Owner Information			
Name:			
Email:		Address:	
Home Phone:			
Mobile Phone:		City:	State: Zip:
How did you hear about our clinic?		I was referred by:	
Preferred communication method (please select one or more):    phone    text    email			
Alternate Contact			
Name:		Relationship to Owner:	
Email:		Mobile Phone:	
Authorized Agent(s)			
Name:		Relationship to Owner:	
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 <input type="radio"/> No <input type="radio"/>			
I authorize the release of medical information about my horse(s) to my agent.    Yes <input type="radio"/> No <input type="radio"/>			
Patient Information			
Name:		Registered Name:	
Breed:	Color:	Sex:	Age:
Stable:		Address:	
Patient Information			
Name:		Registered Name:	
Breed:	Color:	Sex:	Age:
Stable:		Address:	
Patient Information			
Name:		Registered Name:	
Breed:	Color:	Sex:	Age:
Stable:		Address:	
FINANCIAL RESPONSIBILITY & Payment Information (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 and invoice for your records.    Yes <input type="radio"/> No <input type="radio"/>			
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 and all fees will be paid. _____			
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 unpaid accounts will accumulate interest after <b>30 days</b> . 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: _____			