



VETERINARY SERVICES AGREEMENT & FINANCIAL POLICY

Conley and Koontz Equine Hospital requires all clients to have a credit card on file or pay at time of service. The credit card on file will be charged for the balance of appointment within 24 hours.

This agreement needs to be completed and signed before any routine appointment can be scheduled

Owner _____ SS or DLN# _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Phone(s) H _____ C _____ W _____

Email Address _____

Registered Name	Barn Name	DOB	Breed	Color	Gender

Stable: _____ Phone: _____

Insurance Co: _____ Phone: _____

Authorized Agent (Trainer/barn owner/Lessee, etc.)

Name: _____ Phone: _____

I authorize my agent to make appointments/request services and order medication for my horse(s) and give him/her permission to charge such appointments/medication to my credit card. YES NO (circle one)

I authorize the release of my medical information about my horse to my agent YES NO (circle one)

Owner's signature: _____

Services (Please initial after each statement – required)

- I hereby authorize CK Equine Hospital, to provide routine and emergency care to my horse(s) and in my absence or at the request of my barn owner/trainer/authorized agent. _____
- I authorize the use of appropriate sedation and/or other medication(s) and I understand that CK Equine Hospital personnel will be utilized as deemed necessary by the attending veterinarian. _____

Invoicing Preferences

1. I would like to receive my invoices/receipts via email. YES NO (circle one)

Payment/Credit Policies

We believe that effective communication of fees and payment policy is vital to maintaining a good working relationship.

- Payment by cash, check, Visa, MasterCard, Discover, or American Express is expected at time of veterinary services. If not paying at the time of service, it is required that a current credit card is on file to then be ran within 24 hours of appointment.
- All in hospital admissions require a 50% deposit of the upper end of estimated total and that balance be paid in full before patient discharge.
- Returned checks: a fee of \$25.00 will be applied for any NSF checks.
- Questions: If a client has a question about their account we ask that you bring it to our attention as soon as possible. We strive to be forthcoming and honest to our clients and welcome any inquiries you may have.

Credit Card Information and Signatures

Credit Card # _____ Exp. Date _____ Security # _____

Visa MasterCard Discover American Express (please circle one)

Name on Card: _____

CK Equine Hospital charges 18% per annum (1.5% per month) on all balances over 30 days old. A \$45 late fee is applied should the card be declined or if I fail to provide updated credit card information should CK Equine Hospital Inc request such information. I agree to pay all costs incurred with collection of debt, any court costs, and reasonable attorney fees. I am the account holder of the above card.

Signature _____ Date _____

I understand that without a credit card on file, Conley and Koontz Equine Hospital will not be able to perform routine or emergency work on my horse(s) and I will make alternate arrangements. INITIAL HERE _____