

# VETERINARY SERVICE CONTRACT

You can download this form and fill it out on your computer.

Once completed, you can either email or print this form.

Press the appropriate button at the bottom of this document.

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## VETERINARY SERVICE CONTRACT

Please Note: By signing this document, you are forming a contract with RUNNING 'S' EQUINE VETERINARY SERVICES. This contract creates certain rights and obligations, including, but not limited to, those described on the second page of this contract. Payment is required at the time of service. Insurance claim payments for a major medical claim will be sent to you directly from your insurance company. Thank you.

### HORSE OWNER INFORMATION (please print)

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

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

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

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PREFERRED CONTACT #: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ PHONE#: \_\_\_\_\_

### HORSE INFORMATION

Show Name/Barn Name	Age	Breed	Color	Gender
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Farm/Stable: \_\_\_\_\_ PHONE#: \_\_\_\_\_

Trainer: \_\_\_\_\_ PHONE#: \_\_\_\_\_

Relevant Medical History/Special Needs: \_\_\_\_\_

Previous Veterinary Practice: \_\_\_\_\_

Insurance Co (if applicable): \_\_\_\_\_ Phone#: \_\_\_\_\_

Referred by: \_\_\_\_\_

**\*\*\*Please complete and sign reverse side.\*\*\***

**BILLING AND CREDIT POLICY:**

We accept cash, checks, Visa, Mastercard and American Express cards. All clients must place a credit card on file. All new clients must pay for services at the time of the appointment until credit is established. For all clients for whom credit has been established, payment is due upon receipt of each invoice or statement. Payment for all hospital cases, both inpatient and outpatient, is due at the time of discharge. We also offer payment plans through Care Credit, please call the office or see [www.carecredit.com](http://www.carecredit.com) for more details.

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

1. I understand that I must pay all accounts in full upon receipt of invoice/monthly statement. \_\_\_\_\_
2. If your wish is for us to automatically charge your credit card on a monthly basis, we agree to do that. Any time a charge is applied to your card, we will send you an invoice or statement and receipt for your records. YES \_\_\_\_\_ NO \_\_\_\_\_ (choose one) \_\_\_\_\_  
 Authorization limit (if applicable) \$ \_\_\_\_\_
3. If we have not received payment in full within 30 days of statement date, we understand that signals your consent to have your account settled by immediately charging the balance to your credit card. \_\_\_\_\_
4. I hereby authorize Running 'S' Equine Veterinary Services to provide routine care to my horse(s) in my absence or at the request of my barn management. \_\_\_\_\_
5. This contract shall apply to any and all veterinary services provided by Running 'S' Equine Veterinary Services, to any and all horses on your behalf, whether or not the horse(s) are listed on page one of this form. \_\_\_\_\_
6. Late charges shall be applied to all accounts overdue at a rate of 1.5% per month or 18% per year, with a minimum service charge of \$1.00. \_\_\_\_\_
7. Should Running 'S' Equine Veterinary Services be forced to commence administrative and/or legal action to collect unpaid invoices from you:
  - a. You consent to personal jurisdiction of the courts of the State of New Jersey over you. \_\_\_\_\_
  - b. You agree to pay all costs, expenses and reasonable attorney's fees incurred by Running 'S' Equine Veterinary Services that are associated with such action. \_\_\_\_\_
8. I understand that I must cancel or reschedule an appointment 24 hours in advance of the appointment. If I am not able to comply with this policy, I may be billed for any charges associated with any and all services or supplies completed in preparation for the appointment. \_\_\_\_\_
9. You represent that you are presently able to comply with the payment terms herein, and that if you should become unable to make timely payment of outstanding invoices, you will contact Running 'S' Equine Veterinary Services. \_\_\_\_\_

**\*\*\*VETERINARY SERVICES WILL NOT BE PROVIDED WITHOUT YOUR SIGNATURE & INITIALS\*\*\***

**CREDIT CARD INFORMATION:** American Express      Visa      Master Card      Discover

Care Credit

# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CID: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GUARDIAN'S SIGNATURE (Owner Under 18 Years of Age): \_\_\_\_\_

Print Name: \_\_\_\_\_