

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.

You may need Adobe Acrobat reader to use these functions.

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VETERINARY SERVICE CONTRACT – REFERRAL CLIENTS

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 #: _____ CELLULAR #: _____

EMAIL: _____ PREFERRED CONTACT #: _____

EMPLOYER NAME: _____ PHONE#: _____

Authorized Agent: _____ PHONE#: _____

HORSE INFORMATION

HORSE NAME: Show Name: _____

Barn Name: _____

Age: _____ Breed: _____ Color: _____ Gender: _____

Trainer: _____ Phone#: _____

In case of emergency, notify _____ Phone# _____

Relevant Medical History: _____

Referring Veterinarian: _____

Insurance Co (if applicable): _____ Phone#: _____

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

BILLING AND CREDIT POLICY:

We accept cash, checks, Visa, Master Card and American Express cards. All clients must place a credit/debit card on file. 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 for more details or go to www.carecredit.com.

ACCOUNT INFORMATION (required – please initial after each statement)

- 1. I understand that I must pay the full balance due at the end of hospital/clinic stay. Any unpaid balance will be automatically charged to your credit card if not paid within 30 days.. _____
- 2. If your wish is for us to automatically charge your credit card at then end of the stay, please initial here, otherwise payment will be in the form of a check or cash. _____
- 3. Late charges shall be applied to all accounts overdue at a rate of 1.5% per month or 18% per year. _____
- 4. 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. _____
- 5. You represent that you are presently able to comply with the payment terms herein. _____
- 6. 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. _____
- 7. **A deposit is required for hospitalized cases as follows: \$6,000 for Colic Treatment/Surgery, \$1,000 - \$2,500 for Elective Surgeries, \$2,000 - \$5,000 for Emergency Surgeries.** _____

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

CREDIT CARD INFORMATION: American Express Visa Master Card Care Credit*

_____ Exp. Date _____ CID# _____

Name on Card: _____ SS#: _____ - _____ - _____

Signature: _____ Date: _____

GUARDIAN’S SIGNATURE (Owner Under 18 Years of Age): _____

Print Name: _____

Care*Credit Plan Requested (circle one): Interest Free 6 mo. 12 mo. (\$200 minimum)

Long-term 24 mo. 36 mo. 48 mo.(\$1000 min)

60 mo. (\$2500 minimum)