



316 Vernedale Dr. Mount Vernon, Ohio 43050 740-397-6958

Welcome Equine Client Service Agreement

Name: _____

DOB: _____

Spouse/Partner: _____

Home Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell: _____ Email: _____ @ _____

Horse Information:

Registered Name/Registered Number: _____ / _____

Barn Name: _____

Breed: _____ Age: _____ Sex: _____

Anticipated discipline/career: _____ Stabled at: _____

Appointment Reason/Goal: _____

Is this for a Pre-Purchase Exam? Y/N ****Please fill out additional PPE Paperwork!**

Billing Information: Name of Credit Card Holder as listed on Card: _____

Check one: ___ Visa ___ MC ___ AmEx ___ Discover ___ CareCredit

Credit Card Number: _____ Security Code: _____ Exp Date: _____

Credit Card Billing Address (if different from Prospective Buyers)

Signature giving authorization to charge card once exam is complete:

Date: _____

Authorization and Payment I hereby authorize the veterinarian to examine, prescribe for, or treat the above described animal. I assume responsibility for all charges incurred in the care of this/these animals. ALL PROFESSIONAL FEES ARE DUE AT THE TIME THAT SERVICES ARE RENDERED. We will gladly prepare a written estimate if you desire. (Please ask our Dr. or Staff) I also understand that these charges will need to be paid in full at the time services. In case of extensive medical or surgical procedures where full payment may be difficult at discharge, our office accepts Visa, Mastercard, American Express, and Care Credit. There will be a service charge for any check returned unpaid. Also any unpaid balance can result in a monthly service charge.

Signature: _____ Date _____

Additional Horses:

Registered Name/Registered Number: _____ / _____

Barn Name: _____

Breed: _____ Age: _____ Sex: _____

Anticipated discipline/career: _____ Stabled at: _____

Appointment Reason/Goal: _____

Is this for a Pre-Purchase Exam? Y/N

Registered Name/Registered Number: _____ / _____

Barn Name: _____

Breed: _____ Age: _____ Sex: _____

Anticipated discipline/career: _____ Stabled at: _____

Appointment Reason/Goal: _____

Is this for a Pre-Purchase Exam? Y/N

Registered Name/Registered Number: _____ / _____

Barn Name: _____

Breed: _____ Age: _____ Sex: _____

Anticipated discipline/career: _____ Stabled at: _____

Appointment Reason/Goal: _____

Is this for a Pre-Purchase Exam? Y/N

Registered Name/Registered Number: _____ / _____

Barn Name: _____

Breed: _____ Age: _____ Sex: _____

Anticipated discipline/career: _____ Stabled at: _____

Appointment Reason/Goal: _____

Is this for a Pre-Purchase Exam? Y/N