



Veterinary Services Agreement

Horse Owner Information (please print)

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____

Referred By (if applicable): _____

Horse Information (add additional information to back of this form if necessary)

| Horse Name | Age | Breed | Use | Color | Gender |
|------------|-----|-------|-----|-------|--------|
| | | | | | |
| | | | | | |

Stable: _____ Trainer: _____

Insurance Company: _____ Tel #: _____

Payment Preferences

- I would like to receive my invoices via email. Yes No **(circle one)**
- I would like to sign up for EZ Pay to have my invoice balance automatically charged to my credit card. The invoice total will be billed at the time of service and an invoice will be sent to me via email. Yes No **(circle one)**

Signatures & Credit Card Information

AMEX VISA MASTERCARD DISCOVER CREDIT/DEBIT CARD # _____
(Circle one above) **(Circle Credit or Debit)**

Exp Date: _____ V code: _____ (3 digits on back of card, 4 digits on front of AMEX card)

Name on Card: _____ Authorized Signature: _____

Owner's Signature*: _____ **Date:** _____

(Facsimile signatures are deemed legal and enforceable in the state of Illinois)

Guardian's Signature: (If Owner under 18 Years of Age): _____
 (Account must be set up under both names if owner is under 18 years of age) (Facsimile signatures are deemed legal and enforceable in the state of Illinois)

Authorized Agent

Name: _____ Tel # _____

I authorize my agent to make appointments 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 medical information about my horse(s) to my agent. Yes No **(circle one)**
Failure to circle a preference will be deemed a "No" response.

*By signing this Veterinary Services Agreement, I agree I have received, read, understand, and voluntarily agree to comply with the attached terms and conditions of the Agreement as a legally enforceable contract with Chicago Equine Medical Center. I further understand and agree that veterinary services cannot be provided without my signature and payment information where requested above. If I decline to provide a credit card, I realize that I must provide payment at each appointment and the provisions enumerated above will be in effect for instances of late or non-payment as indicated

Veterinary Services Agreement Terms and Conditions

Thank you for retaining Chicago Equine Medical Center ("Chicago Equine") as your provider of Veterinary health services. This Agreement will govern the veterinary services we provide to the Horse Owner ("Client") either directly or as approved by an authorized agent listed in this Agreement. This Agreement applies to all horses owned or leased by Client and applies to any and all veterinary services provided by Chicago Equine, including but not limited to, in or out-patient services, procedures, medicines and farm calls to any and all horses on Client's behalf, whether or not the horse(s) is listed on page one of this Agreement.

Services

By signing the Veterinary Services Agreement, I authorize Chicago Equine Medical Center to provide routine and emergency care to my horse(s) in my absence or at the request of my barn management/trainer/authorized agent and authorize the use of appropriate sedation and/or other medication(s). I understand that Chicago Equine personnel will be utilized as deemed necessary by the attending veterinarian.

Payment Policies

1. I represent that I am presently able to comply with the payment terms herein, and that if I should become unable to make timely payment of outstanding invoices, I will notify Chicago Equine.
2. I understand that I must pay all accounts in full upon receipt of invoice and all hospital appointments must be paid prior to discharge.
3. Appointments must be cancelled or rescheduled at least 24 hours in advance of the appointment. If I am not able to comply with this policy, a cancellation fee will be applied to my account and I may be billed for any charges associated with any and all services or supplies utilized in preparation for the appointment.
4. Payment in full is required within 20 days of invoice for ambulatory calls and before discharge for all hospital appointments. If payment is not received within this time frame, I agree to settle my account by allowing Chicago Equine to charge the balance due to my credit card.
5. A 3% administration fee will be added to my total invoice when a credit card is used unless I have signed up for EZ Pay. Clients using EZ Pay are not subject to this fee.
6. Late charges shall be applied to my account at a rate of 1.75% per month with a \$10 minimum per billing cycle for any overdue balance
7. Should Chicago Equine be forced to commence administrative and/or legal action to collect unpaid invoices from me:
 - a. I consent to personal jurisdiction of the courts of the State of Illinois.
 - b. I agree to pay all costs, expenses and reasonable attorney's fees incurred by Chicago Equine that are associated with such action.
8. I agree to provide Chicago Equine with current information and data regarding any changes in address, credit cards or expiration dates, and Chicago Equine is authorized to revise its records accordingly.