



Veterinary Services Agreement

By signing this document, you are forming a contract with Heritage Equine Clinic, Inc. This agreement creates certain rights and obligations including, but not limited to, those described on the second page of this contract. Payment is required at time of service or, by prior consent, within 10 days of statement date. Insurance payments for a major medical claim will be sent to you directly from your insurance company, as reimbursement. The client can terminate this agreement at any time upon providing notice. Please fax form to (720)735-7677 or send via mail to P.O. Box 945 Berthoud, CO 80513.

Client Information:

Name: _____

Address: _____

City/State/Zip: _____

Home or Work Phone: _____ Cell: _____

Email Address: _____

How did you hear about us? (so we can thank them!) _____

Horse Information: (write on back if in need of more space)

Horse Name	Age	Color	Breed	Sex	Insured? (Y/N)

Location (Home/Boarding stable): _____ Phone: _____

Trainer/Stable Manger: _____

Authorized Agent for decisions regarding veterinary care: _____

Medical History (Horse name- brief overview):

Medical Insurance Company: _____

Account Information (please circle/initial each statement as appropriate):

1. I would like my monthly statement sent to me via: EMAIL MAIL BOTH

2. AUTOPAY Option- statements are sent on the 1st of each month. Upon request, we will automatically charge your credit card on the 8th of each month for all invoices incurred in the previous month. Anytime a charge is applied to your card, we will send a receipt for your records. _____ (Initial)

3. I hereby authorize Heritage Equine to provide care to my horse in my absence or at the request of my agent. _____ (Initial)

4. This contract shall apply to any and all veterinary services provided by Heritage Equine to any and all horses on my behalf, whether or not the horse is listed on page 1 of this form. _____ (Initial)

5. I understand I must pay my account in full within 10 days of the statement date unless prior financial agreements are made with Heritage Equine. _____ (Initial)

6. Late charges shall be applied to all overdue accounts at the rate of 1.5% or \$15 minimum monthly. _____ (Initial)

7. Should Heritage Equine have no choice but to commence administrative or legal action to collect an unpaid balance from you (please initial):

a. You consent to personal jurisdiction of the courts of the State of CO over you: _____

b. You agree to pay all costs, including reasonable attorney fees, incurred by Heritage Equine associated with such action: _____

8. You are presently able to comply with the payment terms herein. If you should become unable to make timely payments and incur an outstanding balance greater than 90 days, the credit card below will be charged by Heritage Equine for the outstanding balance _____ (Initial).

9. Heritage Equine is NOT authorized to share this credit card information with any other party. The credit card information is stored only on a secure virtual terminal through Wells Fargo Bank N.A., as such no staff or owners of Heritage Equine will have access to the information after initial entry. If this agreement is terminated, the credit card information will be deleted from the virtual terminal/vault.

Signature: _____ Date: _____

Credit Card Number: _____ Exp Date: _____

Security Code: _____ Billing Zip: _____

Heritage Equine Clinic P.O. Box 945 Berthoud, CO 80513 (303)578-5898 (office) (720)735-7677 (fax)