



## Veterinary Services Agreement

Thank you for retaining Wilhite and Frees Equine Hospital (WFEH) 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 veterinary services provided by WFEH, including but not limited to, in or out-patient services, procedures, medications, supplies and farm calls to any and all horses on Client's behalf.

### Horse Owner Information (please print)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Email: \_\_\_\_\_

Stable Name: \_\_\_\_\_ Tel# \_\_\_\_\_

### Authorized Agent

Name: \_\_\_\_\_ Tel# \_\_\_\_\_

I authorize my agent to make appointments and order medications for my horse (s) and give him/her permission to charge such appointments/medications 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)

### Payment Options (required)

You can choose from the following options (please initial your chosen option)

1. Authorize a credit card or Care Credit card (on file) to be automatically charged whenever your account has a balance. \_\_\_\_\_ (initial)
2. Pay at the time of service with cash, check, or credit card. If you choose this option you will have to be present with payment if we are required to see your horse on emergency \_\_\_\_\_ (initial)

### For Option 1, please complete the following information:

Account Type: \_\_ Visa \_\_ MasterCard \_\_ Amex \_\_ Discover \_\_ Care Credit

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (Information provided to the practice will be stored in a safe and encrypted location)

**Receipt Preferences (circle one)**

1. I would like to receive my payment invoice/receipt via email.
  2. I would like to receive my payment invoice/receipt via regular mail.
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**Payment Policies (read only)**

1. I understand that I must pay at the time of service or have my credit card on file billed on the same day as services are provided.
  2. Insured horses: Owners are responsible for all the payments and will then be reimbursed by the insurance company directly. We will fill out all necessary insurance forms.
  3. I agree to provide WFEH with current information regarding any changes in address, credit cards or expiration dates, and WFEH is authorized to revise its records accordingly.
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**Services (required - please initial after each statement)**

1. I hereby authorize WFEH to provide routine and emergency care to my horse (s) in my absence or at the request of my barn management/trainer/authorized agent. \_\_\_\_\_
2. If I am not present for emergency services and cannot be reached to discuss the horse's condition, cost, and prognosis; I only authorize the following amount of \$ \_\_\_\_\_ in services that can be provided until I am reached.

By signing below, I agree I have read, understand, and voluntarily agree to comply with the terms and conditions of the Agreement as a legally enforceable contract with Wilhite and Frees Equine Hospital. I further understand and agree that veterinary services cannot be provided without my initials where requested above and my signature and payment information provided. If I decline to provide my 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.

Print Legal Client Name: \_\_\_\_\_

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's name: (if client under 18 years of age) \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Patient Information

<b>Registered Name</b>	<b>Barn Name</b>
<b>Breed</b>	<b>Date of Birth/Age</b>
<b>Sex</b>	<b>Color</b>
<b>Is horse insured?</b>	<b>If yes, with who?</b>
<b>Where is patient stabled?</b>	
<b>Vaccination/Medical History: Please list the date horse last received the following vaccinations:</b>	
Eastern/Western Encephalomyelitis	West Nile
Tetanus	Rhino/Flu
Strangles	Rabies
Other vaccinations	Date of last Coggins test
<b>When was horse last dewormed and with what chemical product?</b>	
<b>Dental History/Last float?</b>	
<b>Does horse have any medical conditions we should be aware of (HYPP, EPM, etc)?</b>	