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VETERINARY SERVICES AGREEMENT

Please Note: By signing this document, you are forming a legal and enforceable contract with East Coast Equine Veterinary Service, ("Hospital").

This contract creates certain rights and obligations including, but not limited to, those described on the second page of this contract, so please read it carefully.

All clients must pay for their appointment at time of Service.

Payment is required at the time of service unless other arrangements have been enforced. 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: _____ ST _____ ZIP _____

PHONE # _____ CELL # _____ WORK # _____

EMPLOYER: _____ E-MAIL _____

HORSE INFORMATION

HORSE'S NAME(S): _____

Description of Horse: AGE _____ BREED _____ COLOR _____ GENDER _____

Stable: _____ Tel # _____

Authorized Agent: _____ Tel # _____

I authorize my agent to make appointments and order medication for my horse 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)

Relevant Medical History:

Previous or Current Veterinarian: _____ Phone # _____

Insurance Company (if any): _____ Tel # _____

(Continued)

ACCOUNT INFORMATION (Required – please initial after each statement)

1. East Coast Equine Veterinary Service is not responsible for incorrect information regarding patients and clients. East Coast Equine Veterinary Service uses information provided by clients. _____
2. I understand that I must pay all accounts in full upon receipt of invoice and all hospital appointments must be paid before discharge. _____
3. I would like to sign up for EZ Pay to have my bills automatically charged to the credit card I have on file.
Any time a charge is applied to your card, we will send you an invoice for your records. Yes No (circle one)
4. If we have not received payment in full within 20 days of your invoice for ambulatory calls, this constitutes your consent to have your account settled by immediately charging the balance to your credit card. _____
5. I hereby authorize East Coast Equine Veterinary Service, to provide routine and emergency care to my horse(s) in my absence or at the request of my barn management/trainer/authorized agent. _____
6. I authorize the use of appropriate sedation and/or other medication(s) and I understand that Hospital personnel will be utilized as deemed necessary by the attending veterinarian. _____
7. This contract shall apply to any and all veterinary services provided by East Coast Equine Veterinary Service, including but not limited to, out-patient services, procedures, medicines and farm calls to any and all horses on your behalf, whether or not the horse(s) are listed on page one of this form. _____
8. Late charges shall be applied to your account on all overdue balances and will accrue over time. _____
9. Should East Coast Equine Veterinary Service 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. _____
 - b. You agree to pay all costs, expenses, and reasonable attorney's fees incurred by East Coast Equine Veterinary Service that are associated with such action. _____
10. You understand that you must cancel or reschedule an appointment 24 hours in advance of the appointment. If you are not able to comply with this policy, a fee of \$25 will be applied to your account and you may be billed for any charges associated with any and all services or supplies completed in preparation of the appointment. _____
11. You represent that you are presently able to comply with the payment terms herein, and that if you should become unable to make timely payment of outstanding invoices, you will notify East Coast Equine Veterinary Service. _____
12. I would like to receive my invoices via email. Yes No (circle one)

****UNDER THE NEW JERSEY EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS OR DAMAGE TO PERSONS OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES. _____**

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

AMEX VISA MASTERCARD DISCOVER (circle one) CREDIT CARD # _____

Exp Date: _____ CCV code _____ (3 digits on back of card) (4 digits on front of AMEX card) *Zip Code _____

PRINT LEGAL OWNER'S NAME: _____

OWNERS SIGNATURE: _____ DATE: _____

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

GUARDIAN'S SIGNATURE (If Owner under 18 Years of Age): _____

(Facsimile signature are deemed legal and enforceable in the state of New Jersey)

(Account must be set up under both names if owner is under 18 years of age)