



Fairfield Equine

## VETERINARY SERVICE CONTRACT

Please Note: By signing this document, you are forming a contract with FAIRFIELD EQUINE ASSOCIATES, P.C. This contract creates certain rights and obligations including, but not limited to, those described on the second page of this contract. Payment is required at the time of service. 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: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE#: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PREFERRED CONTACT: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ Tel: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Tel: \_\_\_\_\_

### HORSE INFORMATION

Show Name/Barn Name	Age	Breed	Color	Gender
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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

Trainer: \_\_\_\_\_ Tel#: \_\_\_\_\_

Is your horse in our Wellness Program? Yes / No

Is your horse on the Preventicare Program? Yes / No

Would you like more information about either of these programs? \_\_\_\_\_

Relevant Medical History: \_\_\_\_\_

Previous Veterinary Practice: \_\_\_\_\_

Insurance Company (if any): \_\_\_\_\_ Telephone# \_\_\_\_\_

**ACCOUNT INFORMATION (required – please initial after each statement)**

1. I understand that I must pay all accounts in full within 30 days of invoice \_\_\_\_\_
2. If your wish is for us to automatically charge your credit card on a monthly basis, we will agree to do that. Any time a charge is applied to your card, we will send you a statement and invoice for your records. (please circle one) **YES or NO** \_\_\_\_\_
3. If we have not received payment in full within 30 days of invoice, we understand that signals your consent to have your account settled by immediately charging the balance to your credit card. \_\_\_\_\_
4. I hereby authorize Fairfield Equine Associates, PC, to provide routine care to my horse(s) in my absence or at the request of my barn management. \_\_\_\_\_
5. This contract shall apply to any and all veterinary services provided by Fairfield Equine Associates, PC, to any and all horses on your behalf, whether or not the horse(s) are listed on page one of this form. \_\_\_\_\_
6. Late charges shall be applied to all accounts overdue at a rate of 1% monthly or 12% annum. \_\_\_\_\_
7. Should Fairfield Equine Associates, PC, 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 Connecticut over you.
  - b. You agree to pay all costs, expenses and reasonable attorney's fees incurred by Fairfield Equine Associates, PC, that are associated with such action. \_\_\_\_\_
8. I understand that I must cancel or reschedule an appointment 24 hours in advance of the appointment. If I am not able to comply with this policy, I may be billed for any charges associated with any and all services or supplies completed in preparation of the appointment. \_\_\_\_\_
9. 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 contact Fairfield Equine Associates, PC. \_\_\_\_\_

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

**CREDIT CARD INFORMATION: American Express Visa Master Card Discover**

# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GUARDIAN'S SIGNATURE (Owner Under 18 Years of Age): \_\_\_\_\_

Printed: \_\_\_\_\_