



**Client Information**

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

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

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Best place to reach you? Home Cell Work

*By submitting your cell phone number, you agree to receive informational messages (appointment reminders, account notifications, etc.) from Centerline Equine Veterinary Services. Message frequency varies. Message and data rates may apply. For any additional questions, please email us at info@cevsequine.com.*

Barn/ Trainer (if applicable): \_\_\_\_\_

**Animal Information**

Registered Name (if applicable)	Barn Name	Age	Breed	Sex	Color

**Authorization for services by someone other than yourself:**

*Please list any names and phone numbers of people who are authorized to make medical decisions for your animals in case you cannot be reached (example: spouse, parent, trainer, barn manager).*

Name	Relationship	Phone Number

*\*By providing your contact information on this page under "owner" you attest that you are the rightful owner of the horses listed, and are the responsible party for both medical decisions and financial responsibility for invoices produced for the animals listed.\**

**Emergency Coverage:**

We know how important it is for clients to find reliable emergency coverage and pride ourselves on being readily available to care for our patients and clients when an emergency arises.

In order to guarantee 24/7 ER coverage, we require our clients to maintain a standard of care (SOC) for their horse with us and to maintain a zero balance on their account (no unpaid bills).

If you choose not to schedule us for any wellness visits throughout the year, we are still available for non-routine care appointments, but cannot guarantee ER coverage.

By limiting our availability to those who are fully utilizing our services, we can guarantee quick and efficient emergency coverage for you. You must have used **two** of the following in the past year, unless previously discussed with Centerline Equine Veterinary Services.

Standard of Care/Wellness for Centerline Equine patients includes:

- > Annual Wellness Exam/Physical Examination (does not include sick or urgent exams)
- > Routine Vaccinations (Spring or Fall- Must include rabies vaccine)
- > Annual Oral Exam and Dental Float
- > Annual Fecal Egg Count with Biannual Deworming

**Please initial below to confirm that you have read and understood the above.** Initial: \_\_\_\_\_

**Communications:**

How did you find out about us?

Internet    Social Media    Advertisement    Personal Referral: \_\_\_\_\_

Please check below to give permission for the following:

- I give permission for my animal’s photo to be used on social media by Centerline Equine. \_\_\_\_\_

**Policies and Client Expectations:**

- Zero Tolerance Policy. We have a zero-tolerance policy for certain behaviors as listed below. This is strictly enforced, and non-compliance will result in corrective measure, which may include terminating the Veterinarian-Patient-Client Relationship (VCPR), and may result in our practice no longer being able to provide services such as scheduling appointments, fulfilling prescription requests, or providing emergency coverage. Please understand that the health and well-being of your animal(s) is very important to Centerline Equine Veterinary Services, and these policies are in place to be able to offer the best care possible for the animals we serve. The follow behaviors are strictly prohibited by our clinic policies:
  - Verbal abuse, malicious or harmful statements, profanity, or degrading comments directed at Veterinarian, any member of Veterinarian’s staff or fellow clients.
  - Any form of harassment including but not limited to cyberbullying, discriminatory comments and/or actions, and intimidation tactics and/or threats.
  - Refusal to pay for products and/or services.

**I have read and understand the above listed policies and client expectations:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Agreement:

Centerline Equine Veterinary Services is **Payment at Time of Service only**. We currently accept cash, check, credit card, and paypal/venmo. Failure to pay the bill in full may result in disqualification of eligibility for emergency services or additional care until the balance on the account is paid in full.

*Please select one option below.*

- **Payment at Time of Service:**
  - *If you do not wish to leave a card on file, you may pay by cash, check, or credit card at the time of service. Please note that this policy will also apply for emergency visits.*
  
- **Card on file/Automatic Charging: \*CC info collected at appointment if desired\***
  - *A valid card number can be presented by phone prior to the first appointment, or in person at the first appointment. Your card on file will be automatically charged at the time of service, and selecting this option gives authorization to Centerline Equine Veterinary Services LLC permission to charge the indicated card for services provided.*
  - *You will be invoiced electronically at the time of service. You must maintain a current card on file which will be charged for any outstanding balance 14 days after the invoice is issued if payment is not collected at time of service.*

If paying with check, Client guarantees that funds are available at time of service. If a check is returned for any reason, Client assumes financial responsibility of the original Fee, and the bank's returned check fee. Client forfeits the ability to pay with check again in the future. Client understands that failure to rectify unpaid invoices due to returned checks may result in collections involvement and/or termination of the Veterinarian/Client relationship.

If paying by card, client agrees to provide a valid card with sufficient balance and update card information with Centerline Equine Veterinary Services as needed (if the card is lost/deactivated or expired) .

*I understand that if my account should become delinquent past 14 days, the credit card on file will be charged for the full balance on my account. If I have not listed a credit card, I fully assume the financial responsibilities on this account. 1.5% interest will be added monthly from date of service if not paid in full within 30 days from invoice. Customer agrees to be responsible for all additional fees including, but not limited to, collection fees (up to 50%), court costs and attorney fees.*

*I have read and understood the above listed policies and agree to provide timely payment as described:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

