



CLIENT INFORMATION FORM

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Home Mobile

Secondary Phone: _____ Home Mobile

Email address: _____

Do you prefer your invoices/communication be Emailed or Regular Mail

Barn Address: _____

Barn Contact Name and Phone: _____

<u>Patient Name</u>	<u>Barn Name</u>	<u>Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Color</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

To download Dr. Christina's namecard (.vcf) scan here



IF YOU ARE THE OWNER OF THE ANIMAL:

Authorization to Treat:

I hereby authorize Equiheart Veterinary Services, LLC to diagnose, treat, and otherwise provide medical services to my animal (initial applicable lines):

_____ Currently.

_____ In the future if I am not available to personally grant such authorization.

Authorization to Speak (initial if applicable):

_____ I hereby authorize Equiheart Veterinary Services, LLC to speak with the person identified below (if I am unavailable) with respect to the diagnosis and treatment of my animal, and authorize Equiheart Veterinary Services, LLC to accept treatment directions from such person:

Authorized individual: _____

Contact Information: _____

Relation to individual: _____

Payment Terms and Responsibility:

Equiheart Veterinary Services, LLC requires payment at the time of service for all new clients until credit has been established. Invoices and statements will be sent to the client via email or regular mail, according to the client's preference. Payment may be remitted in the form of cash, check or credit card. Interest charges will be assessed 14 days after the invoice date at the rate of 1.5% per month (18% annually), with a minimum service charge of \$5.00. Equiheart Veterinary Services, LLC has the right to refuse to provide services for accounts which are 60 days past due. Reasonable legal and collection fees are the responsibility of the client. Equiheart Veterinary Services, LLC may change payment terms and/or pricing at any time without prior notice.

Insurance claim payments for major medical claims will be sent to the client directly from the client's insurance company.

I hereby assume responsibility for all charges by Equiheart Veterinary Services, LLC in the diagnosis, treatment and care of my animal. I hereby acknowledge and agree to the terms and conditions set forth above.

Signature _____ Date _____

Name (please print): _____

Please do not send me newsletters and other information