



**845-677-5500**

# MILLBROOK EQUINE VETERINARY CLINIC P.C.

millbrookequine.com

## NEW CLIENT/VETERINARY SERVICE AGREEMENT

Welcome to our practice! We are pleased that you have selected Millbrook Equine for your horse's veterinary care. Please complete and sign the following form and return it to our office before your first appointment. **Veterinary services will not be provided to patients belonging to owners that have not completed a new client form.**

Thank you for your cooperation and we look forward to serving your veterinary needs. Please be prepared to pay the entire balance at the time of service. We accept cash, personal checks, VISA, Mastercard, Discover, and American Express.

### Client Information:

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

Address (physical): \_\_\_\_\_

Address (mailing): \_\_\_\_\_

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

Cell#: \_\_\_\_\_

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

Work#: \_\_\_\_\_

Other# \_\_\_\_\_

### **AUTHORIZED AGENTS for providing veterinary care:**

\_\_\_\_\_

### Horse Information:

Name (show/barn)	Breed	Color	Age	Gender
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Boarding Stable: \_\_\_\_\_ Trainer: \_\_\_\_\_

Prior or Other Veterinary Practices: \_\_\_\_\_

Mortality or Major Medical Insurance: \_\_\_\_\_

**Account Information:**

- Millbrook Equine accepts payment for veterinary services at the time they are rendered. If you are unable to provide cash or check at the time of service, you may authorize payment via credit card:

Name on Credit Card: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ Exp: \_\_\_\_\_ SEC: \_\_\_\_\_

(Initial) \_\_\_\_\_ I would like my credit card charged automatically for veterinary services.

(Initial) \_\_\_\_\_ I would like to enroll in AUTOPAY (see terms below)

Billing Address of Credit Card if different from home address on file:

\_\_\_\_\_  
I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Millbrook Equine Veterinary Clinic, PC in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next statement date. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit/debit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

**ACCOUNT INFORMATION**

**Payment Policy:**

- All new clients are required to pay for veterinary services at the time of service by cash, check or credit card.

**Credit Account Requirements:**

- After a client relationship has been established, with a good payment history, a credit account may be requested.
- Statements are mailed out on the 1<sup>st</sup> of each month. Payment must be received before the 28<sup>th</sup> of each month or a 1.1% billing fee will be applied to any overdue balance (\$2.00 minimum).
- Established clients are eligible for AUTOPAY, whereby their credit card will be debited on the 15<sup>th</sup> of month for all invoices incurred in the previous month.
- A minimum monthly payment of 25% of the total balance plus the billing fee must be received before the 28<sup>th</sup> of each month.
- Balances outstanding for more than 120 days will be charged in full to the credit card provided above.
- Once a credit account status has been approved, Millbrook Equine may revoke the credit account status at any time, at which point the balance will be due in full.

I, the undersigned, acknowledge the credit terms outlined above. Furthermore, I hereby agree that in the event of default in the payment of amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay the additional charge equal to the cost of collection, including agency and attorney fees and court costs incurred, and permitted by laws governing these transactions.

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