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VETERINARY SERVICES AGREEMENT

Please Note: By signing this document, you are forming a legal and enforceable contract with Reagan Equine Mobile Veterinary Services, P.C. ("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 new clients must pay for their first appointment at time of service.

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 clearly)

NAME: _____
ADDRESS: _____
CITY: _____ ST _____ ZIP _____
PHONE # _____ CELL # _____ WORK # _____
PLACE OF EMPLOYMENT _____ E-MAIL _____

HORSE INFORMATION

HORSE'S NAME: _____
Description of Horse: AGE _____ BREED _____ COLOR _____ GENDER _____
Stable: _____ Tel # _____
Authorized Agent: _____ Tel # _____
Insurance Company if any: _____ 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

I authorize the release of medical information about my horse(s) to my agent. ___ Yes ___ No

Relevant Medical History: _____

Previous or Current Veterinarian: _____ Phone # _____

(continued)

ACCOUNT INFORMATION (Required – please initial after each statement)

1. I understand that I must pay at time of service or the credit card on file will be automatically charged after appointment. _____
2. If I am not present at the appointment to pay for the services rendered, then I understand my credit card will be automatically run. _____
3. I hereby authorize Reagan Equine Mobile Veterinary Services, to provide routine and emergency care to my horse(s) in my absence or at the request of my barn management/trainer/authorized agent. _____
4. 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. _____
5. This contract shall apply to any and all veterinary services provided by Reagan Equine Mobile Veterinary Services, including but not limited to, outpatient 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. _____
6. Late charges shall be applied to your account on all overdue balances. _____
7. Should Reagan Equine Mobile Veterinary Services 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 North Carolina, _____
 - b. You agree to pay all costs, expenses and reasonable attorney's fees incurred Reagan Equine Mobile Veterinary Service that are associated with such action. _____
9. I would like to receive my invoices via email. _____ Yes _____ No

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

****VETERINARY SERVICES WILL NOT BE PROVIDED WITHOUT A CREDIT CARD ON FILE.****

AMEX/ VISA/ MASTERCARD/ DISCOVER CREDIT CARD # _____

Exp Date: _____ v code _____ (3 digits on back of card) (4 digits on front of AMEX card)

PRINT LEGAL OWNER'S NAME: _____

OWNERS SIGNATURE: _____ DATE: _____

(Facsimile signatures are deemed legal and enforceable in the state of North Carolina.)

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

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

There is a 2.5% credit card processing fee.

For Owners with Multiple Horses:

Horse's Name _____

Description - Age: _____ Breed: _____ Color: _____ Gender: _____

Stable: _____ Phone: _____

Authorized Agent: _____ Phone: _____

Insurance Company (if any): _____ Phone: _____

Horse's Name _____

Description - Age: _____ Breed: _____ Color: _____ Gender: _____

Stable: _____ Phone: _____

Authorized Agent: _____ Phone: _____

Insurance Company (if any): _____ Phone: _____

Horse's Name _____

Description - Age: _____ Breed: _____ Color: _____ Gender: _____

Stable: _____ Phone: _____

Authorized Agent: _____ Phone: _____

Insurance Company (if any): _____ Phone: _____

Horse's Name _____

Description - Age: _____ Breed: _____ Color: _____ Gender: _____

Stable: _____ Phone: _____

Authorized Agent: _____ Phone: _____

Insurance Company (if any): _____ Phone: _____