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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 the 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: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____ Work: _____

Place of Employment: _____ Email: _____

Horse Information

Horse's Name _____

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

Stable: _____ Phone: _____

Authorized Agent: _____ Phone: _____

Insurance Company (if any): _____ Phone: _____

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 all accounts in full at time of service or the credit card on file will be charged after the appointment. _____
2. If I am not present at the appointment to pay for services rendered, then I understand my credit card will be automatically run. _____
3. I would like to sign up for EZ Pay to have my bills automatically charged to the credit card I have on file. Any time a charge is applied to your card, we will send you an invoice for your records. _____
4. 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. _____
5. 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. _____
6. 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 this form. _____
7. Late charges shall be applied to your account on all overdue balances. _____
8. 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 or the courts of the State of North Carolina. _____
 - b. You agree to pay all costs, expenses, and reasonable attorney's fees incurred by Reagan Equine Mobile Veterinary Services that are associated with such action. _____
9. You represent that you are presently able to comply with the payment terms herein, and that if you should be unable to make timely payment of outstanding invoices, you will notify Reagan Equine Mobile Veterinary Services. _____
10. I would like to receive my invoices via email. Yes: _____ No: _____

Veterinary Services will not be provided without your signature and initials.

Veterinary Services will not be provided without a credit card on file.

Card Information:

Card Type (Amex, Visa, MC, etc.): _____ Card Number: _____

Expiration Date: _____ CVV Code (3 digits on back of card/4 digits on front of AmEx): _____

Print Legal Owner's Name: _____

Owner's Signature: _____ Date: _____
(Facsimile signatures are deemed legal and enforceable in the state of North Carolina.)

Guardian's Signature - If Owner is under 18 years of age): _____
(If owner is under 18 years of age, account must be set up under both names)

For Owners with Multiple Horses:

Horse Information

Horse's Name _____

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

Stable: _____ Phone: _____

Authorized Agent: _____ Phone: _____

Insurance Company (if any): _____ Phone: _____

Horse Information

Horse's Name _____

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

Stable: _____ Phone: _____

Authorized Agent: _____ Phone: _____

Insurance Company (if any): _____ Phone: _____

Horse Information

Horse's Name _____

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

Stable: _____ Phone: _____

Authorized Agent: _____ Phone: _____

Insurance Company (if any): _____ Phone: _____

Horse Information

Horse's Name _____

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

Stable: _____ Phone: _____

Authorized Agent: _____ Phone: _____

Insurance Company (if any): _____ Phone: _____