

Lessee/Lessor Information: (skip if horse is not leased)

This horse is leased, I am the lessor/owner

This horse is leased, I am the lessee

(Please put an alternate party. E.g. if you are the lessee, put the lessor)

Name: _____ Phone Number: _____

Email: _____ Lessee Start Day: _____ Lessee End Date: _____

Who to bill for invoice: Lessor Lessee

Payment Agreement Terms Notes (e.g 50/50, select services) _____

Insurance Information (skip if horse is not insured)

For insured horses clients are still responsible for the total bill at time of service. Any reimbursement the insurance agency provides will be sent directly to you from your insurance agency after your claim has been processed

Insurance Company: _____ Insurance I.D: _____

Phone Number: _____ Email: _____

Insurance Type: Mortality Major Medical Colic Loss of Use Other

Is this horse part of a Colic Coverage? Yes No

PAYMENT

We accept payment via check, cash, Venmo, and credit card (with a 2% additional fee). *We require all clients to keep a card on file, **no exceptions.*** Please see below for the card on file authorization form.

Please select your preferred method of payment below:

Option 1: I authorize Reliance Veterinary Services to charge my card on file within 48 hours of rendered service and/or product. (you will receive and itemized invoice via email)

Option 2: I prefer to receive and itemized invoice after rendered service and/or product and agree to pay within 48 hours. If I am unable to pay promptly I authorize Reliance Veterinary Services to charge the card on my account for the resulting invoice.

Option 3: I prefer to pay with cash or check at the time of service. If I and/or payment is unavailable at the time of service I authorize Reliance Veterinary Services to charge the card on my account for the resulting invoice. *(There is a \$25 fee for all returned checks and NSF transactions)*

PAYMENT AGREEMENT

If I fail to pay all invoiced charges when due I agree to pay all invoiced charges together with collection fees (including attorney fees), late charges (computed at 1.5% per month), and any other expenses involved in the collection of the invoice(s).

Signature: _____

Date: _____

CARD ON FILE AUTHORIZATION

I authorize Reliance Veterinary Services to keep the following card on file and to charge it for the services and products rendered to me/my horse(s).

Credit Card Type: MasterCard Visa Discover American Express

Charge Type: Credit Debit

Card Holder Name: _____

Card Number: _____

Billing Address: _____

Billing Zip Code: _____ **Expiration Date:** _____ **CVV:** _____

Signature Of Card Holder: _____ **Date:** _____

SOCIAL MEDIA RELEASE

From time to time we take pictures to use on our website, social media, advertising, brochures, publicity, or educational presentations. We request your permission to take and use pictures of you, your animal(s), and any present guests or family for these purposes.

Permission Granted: Yes No

Signature _____

Date _____

CLIENT AGREEMENT

1. I agree to treat every person of the Reliance Veterinary Services team with respect and consideration. If I fail to do so I understand that Reliance Veterinary Services reserves the right to discontinue services to me.
2. If I need to cancel or reschedule my appointment for any reason I agree to contact Reliance Veterinary Services 24 hours prior to my scheduled appointment time (when able). If I fail to do so I understand that I will be charged a cancellation fee of \$75 plus a farm call fee if applicable.
3. If I can not be present for my horse's appointment I agree to let Reliance Veterinary Services know and I will arrange to have someone catch my horse or have them in their stall so one of the RVS technicians can easily catch them. If I fail to let RVS know that I or a handler will not be present for my appointment and they have to catch my horse(s) and bring them in from pasture, I understand that there will be a resultant \$75 catching and handling fee added to my appointment.

Signature _____

Date _____

THANK YOU for selecting Reliance Veterinary Services for your equine medical needs!

Save as a PDF form and email it to: reliancevetservices@gmail.com