



Auburn Equine

1507 Grass Valley Hwy
Auburn, CA 95603

VETERINARY SERVICE CONTRACT

By signing this document you are forming a contract with Auburn Equine/AMC Large Animal. This contract created certain rights and obligations including those described on the second page of this contract.

Patient Owner Information:

Name: _____ Phone: _____ (H, C, W)

Address: _____ Alt. Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Employer: _____ Phone: _____

Drivers License - State & No. : _____ Date of Birth: _____

Patient Information:

Location of Patient: _____

Authorized Agent: _____ Phone: _____

Authorized Agent: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Insurance Company (if any): _____

Policy Number: _____ Insurance Phone Number: _____

****PAYMENT IS REQUIRED AT THE TIME OF SERVICE****
Auburn Equine/AMC Large Animal does not bill insurance companies.

Terms and Conditions - Required:

Please initial after each statement

1. This contract shall apply to any and all services provided by Auburn Equine/AMC Large Animal to any and all horses/large animals on your behalf, whether or not the horse(s)/large animals are listed on the first page of this form. _____

2. I understand that I must pay all accounts in full at the time of service. If a credit card is provided, and you wish to have it charged at the time of service, we will agree to do so. Any time a charge is applied to your card, we will send you an invoice and receipt for your records. Credit card on file? **Yes No**
(If yes, please fill out a credit card authorization form) _____

3. I understand that if payment is not received in full at the time of service, each monthly statement that is sent to me will be subject to a \$15.00 billing fee.

I understand that a late fee of 1.5% per month or 18% annually will be applied to all accounts more than 30 days past due.

If, after 6 months, no payment has been made, past due accounts will be sent to a collection agency.

Should Auburn Equine/AMC Large Animal commence administrative and/or legal actions to collect unpaid debt from me:

- a. I consent to the personal jurisdiction of the courts of the State of California over me;
- b. I agree to pay all costs, expenses and reasonable attorney’s fees incurred by **Auburn Equine** that are associated with such action;
- c. I agree that any such collection action shall be governed by the laws of the State of California (as applicable). _____

4. I hereby authorize Auburn Equine/AMC Large Animal to provide routine and emergency care to my horse (s) / large animals at my request or at the request of my agent (listed on front).

I hereby authorize and direct the veterinarians of **Auburn Equine/AMC Large Animal** to perform the procedures, diagnostics and/or treatments that are agreed upon by myself or agent at the time of service. I understand that no guarantee has been made as to results or cure. I understand that there may be risks involved in some of these procedures. _____

5. I represent that I am presently able to comply with the payment terms set forth herein, and that if I should become unable to make timely payment of outstanding invoices, I will contact Auburn Equine/AMC Large Animal. _____

VETERINARY SERVICES WILL NOT BE PROVIDED WITHOUT YOUR SIGNATURE AND INITIALS INDICATING AGREEMENT WITH THESE TERMS.

Print legal owner’s name: _____

Owner or authorized agent’s signature: _____

Guardian’s signature (if owner is under 18 years old): _____

Date: _____

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