



MANOR EQUINE HOSPITAL

15801 Old York Road
Monkton, MD 21111
(410) 472-3545
info@manorequine.com

Veterinary Services Agreement & Treatment Authorization

Horse Owner Information (please print)

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Cell #: _____ Home #: _____

Horse Information (add additional information to back of this form if necessary)

Registered Name (if applicable)	Barn Name	DOB/Age	Color	Breed	Gender

Stable/Boarding Barn Information

Barn/Farm Name: _____ Barn Address: _____

Contact Name(s)/Phone #(s): _____

Authorized Agent(s)

Name: _____ Tel #: _____ Email: _____

Name: _____ Tel #: _____ Email: _____

I authorize my agent(s) to make appointments and order medication for my horse(s) and give him/her permission to charge such appointments/medications to my credit card. Yes No **(circle one)**

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

Failure to circle a preference will be deemed a "No" response.

Credit Card Information

AMEX VISA **MASTERCARD** DISCOVER CREDIT / DEBIT CARD #: _____
(circle one)

Name on Card: _____ Exp Date: _____ CVV Code: _____ Billing Zip: _____

Payment Preferences

1. I would like to receive copies of my invoices via: **Email** **USPS Mail** **(circle one)**

2. I authorize my invoice balance to be automatically charged to the credit card above at time of service. Yes No **(circle one)**

Owner's Signature*: _____ Date: _____

*By signing this Veterinary Services Agreement, I agree I have received, read, understand, and voluntarily agree to comply with the attached terms and conditions of the Agreement as a legally enforceable contract with Manor Equine Hospital. I further understand and agree that veterinary services cannot be provided without my signature and payment information where requested above. **If I decline to provide a credit card, I realize that I must provide payment at each appointment and the provisions enumerated below will be in effect for instances of late or non-payment as indicated.**

Veterinary Services Agreement Terms and Conditions

Thank you for retaining Manor Equine Hospital ("Manor Equine") as your provider of veterinary health services. This Agreement will govern the veterinary services we provide to the Horse Owner ("Client") either directly or as approved by any Authorized Agent listed in this Agreement. This Agreement applies to all horses owned or leased by the Client and applies to any and all veterinary services provided by Manor Equine, including but not limited to, in-patient or out-patient services, procedures, medications, and farm calls to any and all horses on the Client's behalf, whether or not the horse(s) is listed on page one of this Agreement.

Services

By signing the Veterinary Services Agreement, I authorize Manor Equine Hospital to provide routine and emergency care to my horse(s) in my absence or at the request of my barn management/trainer/authorized agent and authorize the use of appropriate sedation and/or other medication(s). I understand that Manor Equine personnel will be utilized as deemed necessary by the attending veterinarian.

Payment Policies

1. I represent that I am presently able to comply with the payment terms herein, and that if I should become unable to make timely payment of outstanding invoices, I will notify Manor Equine.
2. I understand that I must pay all accounts in full at the time of service and that all hospital invoices must be paid prior to patient discharge.
3. Late charges shall be applied to my account at a rate of 1.5% per month for any overdue balance.
4. I agree to provide Manor Equine with current information regarding any changes in address, credit cards, or expiration dates, and Manor Equine is authorized to revise its records accordingly.