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FOUR STAR EQUINE
VETERINARY SERVICES

PLEASE SIGN AND RETURN

9644 S Congress St.
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FOUR STAR EQUINE PLLC VETERINARY SERVICES AGREEMENT

WELCOME! We are delighted that you have chosen Four Star Equine as your provider of equine veterinary health care. High quality equine specific veterinary care is essential to your horse's health and wellbeing. This Agreement will govern the veterinary services we provide to the Horse Owner either directly or as approved by an Authorized Agent listed in the Agreement.

By signing the Veterinary Services Agreement, I authorize Four Star Equine PLLC to provide routine and emergency care to my horse(s). Please complete all fields and feel free to ask any questions that you may have.

Horse Owner Information (please print)

Name:_____ Co-owner:_____

Primary phone: _____ Secondary phone:_____

Email:_____

Mailing address:_____

Please list horses currently in your ownership:

Registered name/Barn name	Mare/Gelding/Stallion	DOB/Age

Location of horses (if other than home address):_____

_____

List agent(s) authorized to order veterinary care in your absence. Your horse's medical information will be shared/discussed with your authorized agent if they are acting in your absence. You agree to furnish payment for all goods and services rendered to your horse(s) at the request of your authorized agent(s). You may add or remove agents from this list by written request (email or letter) to Four Star Equine.

Agent 1:_____ Relationship/title: _____

Phone:_____ Email: _____

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Agent 2:_____ Relationship/title: _____

Phone:_____ Email: _____

I authorize the above listed agent(s) to make appointments and order medications for my horses and will be financially responsible for all charges incurred at my agents request for my horse(s) ***(Initial)***_____

In the event that I am **absent and cannot be reached**, and my horse is experiencing a life threatening condition:

☐ If referral is indicated, I authorize my horse to be hospitalized at_____

I have made transportation arrangements with _____

***Please note that this is necessary if you plan for your horse to be hospitalized in your absence. We do not provide transport services nor do have the ability to arrange emergency transport services in your absence.*

☐ I do not authorize hospitalization in my absence. I understand that this may mean the treating DVM may humanely euthanize my horse if indicated. All reasonable attempts to contact you will be made first.

I understand that if I do not have a credit card on file that basic stabilization treatment will be provided but additional treatments will not be administered until I can be reached to authorize payment for such treatments. ***(Initial)***_____

After hours emergency services are provided as a concierge service for our current clients in good standing. We reserve the right to refuse emergency services if you have an account balance aged more than 30 days that we have made reasonable attempts to collect. Emergency services are provided to horses for whom we are the primary veterinarian and have provided non-emergency elective wellness services to within the previous 12 months. Elective wellness services are defined as: wellness/physical exam, vaccinations, dental floats, sports medicine services, veterinary medical manipulation, and acupuncture treatments. A coggins test, fecal float or health certificate alone does not qualify your horse(s) for emergency care.

Four Star Equine PLLC Communication policies:

We're here to help! To best address your requests and concerns, we ask that all communication regarding scheduling, requests for medications, updates on your horse's health and status, and questions regarding your horses care should be made by calling our office at (540) 481-0639 or 833-478-2737. Please do not utilize text messaging, social media messaging or email for these purposes unless it is requested or initiated by a staff member of Four Star Equine PLLC. Text messages should be sent to 833-478-2737 as our support staff and DVMs can access text messages to this number.

Our doctors and staff are available for non-emergency communication Monday-Friday 8am-5pm. Texts, emails and general voicemails are not monitored or returned outside of business hours. If you have an emergency or truly urgent concern outside of normal business hours please call (540) 481-0639 or 833-478-2737 extension #6 to reach the doctor on call.

Our practice utilizes email for document transfer only. Please do not send questions or scheduling requests via email.

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FOUR STAR EQUINE PLLC FINANCIAL POLICY

Please initial where indicated below:

(Initial)_____We accept cash, check, credit and Care Credit as payment. Any account unpaid by 30 days will be subject to finance charges at an interest rate of 1.5% monthly (18% APR) or the minimum monthly finance charge of $15, whichever is greater. Any account unpaid 90 days after date of invoice will be submitted for judgment of debt and/or collections. All reasonable collection and legal fees required to obtain payment for services will be charged to the client. A $50 fee will be applied for each returned check.

(Initial)_____Until payment is made in full, I hereby grant Four Star Equine PLLC a lien and security interest in the horse(s) for who services or goods are rendered.

We strive to keep veterinary care affordable and can only do so if you as the client keep your account current and paid in full. If you have an unpaid balance on your account, no further elective or emergency services or goods will be provided to you until your account is made current.

Method of account payment (please choose one and complete):

❑ Credit card on file *Itemized invoices will be emailed after card is charged to serve as receipt

_____
Cardholder's name

_____ _____
Card Number Expiration Date

_____ _____
CVV Code Billing Zipcode

I,_____ , give Four Star Equine PLLC permission to charge the card listed above for goods and services rendered on my account. I acknowledge that my card will be charged for any account balance aged 30 days or more.

_____ _____
Cardholder's signature Date

❑ Cash/check (no credit card on file) *If you do not provide a credit card on file you must provide the following information:

_____ _____
SSN: DOB:

_____
Driver's License#

_____
Employer

_____
Work Telephone

You will be provided with updates to this policy as necessary.
I have read and understand the terms of the Agreement and Financial Policy agree to the terms set forth

_____ _____
Signature Date

_____
Printed Name