



## Tularosa Equine Clinic

### Client Information

Owner's name	DATE _____
Address	Please check one: <input type="checkbox"/> New Client <input type="checkbox"/> Current Client, New animal
City, State, Zip	How did you learn of our clinic? <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Recommendation
Home Phone	<input type="checkbox"/> Sign <input type="checkbox"/> Other _____
Employer	Farm/Trainer
Work Phone	Address
Spouse	City, State, Zip
Spouse's Employer	Phone
Spouse's Work Phone	Email

### Insurance Information

Insured:  Yes  No

Mortality Insurance  Surgical Insurance  Policy number \_\_\_\_\_

If yes, please specify \_\_\_\_\_ Insurance Agent/agent phone number \_\_\_\_\_

### Treatment Consent

I am authorizing as my agent: \_\_\_\_\_ This individual has the ability to authorize diagnosis and treatment by the veterinarian(s) on the animals that I am listed as owner. I understand that if I am an "absentee" owner and do not elect an agent, that no veterinary services will be performed (with the exception of emergencies) without express authorization.

I am the owner or agent of the horse(s) presented, and have the authority to execute this consent.

I understand that there are certain risks to anesthesia that could involve serious bodily injury or death and that these risks are present in any procedure that requires general or intravenous anesthetic. I consent to the use of anesthesia as deemed necessary and advisable in the professional judgement of the veterinarian.

I understand that unforeseen conditions may require an extension of a planned procedure or operation. I hereby authorize the performance of such procedure or operations as are necessary and advisable in the professional judgement of the veterinarian.

If the horse is insured, I agree that it is my responsibility to notify the insurance company as required under the terms of the policy. I authorize you to release information required by the insurance company or adjustor.

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the horse(s) that I am listed as owner. I assume responsibility for all charges incurred in the care of the animal(s).

I understand that these charges will be paid at the time such services are provided unless previous arrangements have been made. I also understand that a deposit may be required for surgical treatment or care that requires hospitalization.

I agree to indemnify and hold you harmless from and against any and all liability arising out of the performance of any procedure, as well as any losses due to care, custody, or hauling.

I have read and understand this consent

Signature of Legal Owner/Agent	Date
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# Financial Policy

Driver's License Number	State
Social Security Number	

Thank you for choosing Tularosa Equine Clinic. Our primary mission is to deliver the best and most comprehensive veterinary care available for your horse. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Tularosa Equine Clinic requires payment in full at the end of your horse's examination and/or at the time of discharge.

## Payment Options:

You can choose from:

- Cash, Check, Visa® Discover® or MasterCard®
- Convenient Monthly Payment Plans from CareCredit®
  - o Allow you to begin treatment today and pay over time
  - o Available for any treatment amount
  - o Can be used repeatedly - for your entire family - without having to reapply
  - o CareCredit card can be used at over 125,000 participating healthcare practices nationwide for services including LASIK, Veterinary, Dentistry, Cosmetic Treatments, Cosmetic Surgery, Hearing Care and more. CareCredit is not just for veterinary services.

CareCredit is a simple way to consolidate and manage certain out-of-pocket healthcare expenses, because it is a credit card with revolving line of credit that can be used repeatedly and for any family member. CareCredit offers two basic payment plans to meet an individuals financial needs. CareCredit is solely responsible for granting credit on their program.

## Deposit & Billing:

For some treatments or hospitalized care, a deposit may be required to begin your horse's treatment. We may offer in-house payment options on a case-by-case basis. We charge 1.5% interest on all outstanding account balances older than 30 days.

## Additional Policy Information:

Tularosa Equine Clinic charges \$35.00 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your animal.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature