



Client Credit Card Authorization:

I, _____ hereby authorize Canyon Veterinary Medical Center, Inc. to keep my credit card and signature on file and to charge my account for services rendered. Credit card information is confidential and kept secure. This authorization is incorporated by reference to the Canyon Veterinary Medical Center Fee Agreement (see below). Pursuant to the terms of the Fee Agreement, Section 4: "If payment for services rendered is not received in full within 30 days of service, Client authorizes Canyon Veterinary Medical Center to apply the charges to my credit card on file." By providing my credit card number and signature, I authorize Canyon Veterinary to charge my credit card for any services rendered at the time of service and for any account balance that is outstanding 30 days past the date of service. A detailed invoice shall be sent prior to any charges applied to the below listed credit card. ____ (Initial)

This authorization is revocable at any time upon written notification to Canyon Veterinary, with written confirmation of receipt from Canyon Veterinary.

Name on Card:

Billing Address:

Card Type: ___ Visa ___ Mastercard ___ American Express ___ Discover

Card Number:

Zip Code:

Expiration:

CVC:

Email Address for Receipt:

_____ Initial Here for Automatic Credit Card Payments at Time of Service

Authorized Cardholder Signature

Printed Name

Date

Canyon Veterinary Medical Center, Inc.
P.O. Box 487, Cotati, CA 94931
707-792-4335

Fee Agreement

This agreement is entered into on this _____ day of _____, 20____, by and between Canyon Veterinary and _____ (here in after "Client") for veterinary services. This contract shall apply to any and all services provided and products sold by Canyon Veterinary.

Terms of Service

1. Payment is due at the time service is rendered.
2. Unless otherwise requested, all invoices, medical reports and diagnostic images shall be sent electronically.
3. Clients may elect for automatic payments, which enable Canyon Veterinary to charge the current balance due at time of service to the credit card on file. An invoice will be sent electronically with receipt of payment.
4. If payment for services rendered is not received in full within 30 days of service, Client hereby authorizes Canyon Veterinary to apply the charges to my credit card on file. (Initial)_____
5. Clients may pay by personal or business check. Client is responsible for all bank charges incurred by Canyon Veterinary if a check is returned, in addition to a \$35 (thirty-five dollar) service fee.
6. Canyon Veterinary has the right to refuse service at any time. Canyon Veterinary may not provide service to clients with accounts that are past-due beyond 60 days.
7. This contract applies to all veterinary services provided by Canyon Veterinary to any and all horse(s) on my behalf.
8. Client shall immediately notify Canyon Veterinary if he/she is unable to comply with the terms of this agreement. Canyon Veterinary reserves the right to waive fees and modify payment deadlines on an individual, case-by-case basis at its sole discretion. Such an agreement shall be effective upon the execution of a separate, written agreement, signed by both parties.
9. Except as otherwise provided in this document, this agreement may be modified, superseded, or voided only upon the written and signed agreement of Canyon Veterinary and Client. Further, the physical destruction or loss of this document shall not be construed as a modification or termination of the agreement contained herein.

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10. Canyon Veterinary stores credit card numbers in compliance with Payment Card Industry Data Security Standards (PCI DSS). In accordance to regulations, credit card numbers are stored on a firewall and password protected computer, in a financial software program that is also protected by software and complex passwords. As such, Client's credit card number relating to this agreement shall be submitted on a separate form and shredded immediately after being entered into the secure software.

11. The rights and obligations of the Parties under this Agreement shall be governed by the internal substantive law of the State of California applicable to contracts made and to be performed in that State, without giving effect to the principles of conflicts of laws. For the purpose of jurisdiction and venue for all purposes of this Agreement shall be Sonoma County, California. If any legal action, arbitration or other proceeding is brought for the enforcement of the agreement, or arises out of an alleged dispute, breach, default or misrepresentation relating to any of the terms of the agreement, the prevailing party shall be entitled to recover reasonable attorney's fees and other costs in that action or proceeding in addition to any other relief to which it may be entitled. _____ (Initial) Client has provided Canyon Veterinary with a valid credit card number and hereby authorizes Katie Prince, DVM and Canyon Veterinary to charge the credit card for services rendered in accordance with the terms of this agreement. By signing below, you are consenting to the examination and treatment of your pet and acknowledging that you will be financially responsible for the fees incurred for services rendered by Canyon Veterinary. You may request an estimate of anticipated fees before services are performed. There are no guarantees or assurances of the outcome from any examination or treatment provided.

SO AGREED:

Kathryn Prince, DVM, President, Canyon Veterinary Medical Center, inc.

Date: _____

Client's Signature

Client's Name (Printed)

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