



Client Information

Primary Owner	Preferred Payment <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash/Check
Billing Address	Payment Card Number _____
Spouse Name	Expiration Date _____
Preferred Phone (by providing, you agree to receive text messages from EPVS)	CVV/Security Code Billing Zip Code
Email	_____
Alternate Contact Name and Information:	<input type="checkbox"/> I do not want this card kept on file. <input type="checkbox"/> I would like this card to be kept on file and used for future invoices. EPVS will send a detailed receipt to the email on file. <i>We require payment in full at the time of service. Clients with accounts past due must pay previous balance in full prior to receiving additional services and may be charge 3% on outstanding balances greater than 60 days. By signing this agreement, I agree to the payment terms above and authorize Equine Partners Veterinary Services charge my payment card.</i>
Cardholder Signature:	Date: ____/____/____

Patient 1 Registered Name	Barn Name	
Breed	Previously seen by EPVS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare	Birthdate/Age ____/____/____	Color
Markings	Other Markings/Brands/Tattoos/Microchip	
Stable Name and Address	Authorized Agent (if different than contacts above)	

Patient 2 Registered Name	Barn Name	
Breed	Previously seen by EPVS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare	Birthdate/Age ____/____/____	Color
Markings	Other Markings/Brands/Tattoos/Microchip	
Stable Name and Address	Authorized Agent (if different than contacts above)	

Patient 3 Registered Name	Barn Name	
Breed	Previously seen by EPVS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare	Birthdate/Age __/__/__	Color
Markings	Other Markings/Brands/Tattoos/Microchip	
Stable Name and Address	Authorized Agent (if different than contacts above)	

Patient 4 Registered Name	Barn Name	
Breed	Previously seen by EPVS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare	Birthdate/Age __/__/__	Color
Markings	Other Markings/Brands/Tattoos/Microchip	
Stable Name and Address	Authorized Agent (if different than contacts above)	

Patient 5 Registered Name	Barn Name	
Breed	Previously seen by EPVS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare	Birthdate/Age __/__/__	Color
Markings	Other Markings/Brands/Tattoos/Microchip	
Stable Name and Address	Authorized Agent (if different than contacts above)	

Patient 6 Registered Name	Barn Name	
Breed	Previously seen by EPVS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare	Birthdate/Age __/__/__	Color
Markings	Other Markings/Brands/Tattoos/Microchip	
Stable Name and Address	Authorized Agent (if different than contacts above)	



Informed Consent, Acknowledgement, Release of Liability, Limitation of Liability, and Dispute Resolution

This Informed Consent, Acknowledgement, Release of Liability, Limitation of Liability and Dispute Resolution Agreement (the "Agreement") is by and between Equine Partners Veterinary Services, PLLC ("EPVS"), and _____, individually and on behalf of his/her successors, heirs, executors, and administrators.

I _____ (undersigned) hereby give my approval for Equine Partners Veterinary Services, PLLC ("EPVS") (including but not limited to its employees, officers, volunteers, contractors, agents, and representatives) to treat and/or inspect my animal. The terms "treatment and inspection" refer to any services performed hereunder, including but not limited to consultation services, diagnostics, treatment, preventative healthcare, reproductive, and emergency veterinary services, and as further defined in consultation with EPVS. In exchange for EPVS's agreement to treat and/or inspect my animal, I (as used herein, the term "I" shall mean myself, and on behalf of the "Releasing Parties" as defined below) hereby, to the fullest extent permitted by law, assume all risk and hazards incidental to or in any way related to EPVS's inspection and/or treatment of my animal, including all risks and hazards described more fully below. Further, I and on behalf of any Releasing Parties, to the fullest extent permitted by law, hereby release, absolve, and hold harmless EPVS and all its respective employees, officers, volunteers, contractors, agents, and representatives from any and all liability for injuries to myself, to any Releasing Parties, and/or to my animal (also referred to herein as "Patient") arising out or in any way related to the treatment and/or inspection of my animal and/or a Releasing Party's presence on the land or premises where EPVS's facility is located.

In case of injury to myself or my animal, I hereby waive, to the fullest extent permitted by law, on behalf of myself and the Releasing Parties and on my animal's behalf, as the case may be, all claims against EPVS, its employees, its officers, its volunteers, its contractors, its agents, its representatives, and the landowners and lessors of the land or premises where EPVS operates. There is a risk of being injured that is inherent in entering the land and/or premises where EPVS operates and in having my animal treated or inspected by EPVS. Some of these injuries include, but are not limited to, the risk of fractures, snake bites, other animal bites, bruises, scratches, cuts, reactions to poisonous plants, reactions to contact with animals, exposure to viral diseases, exposure to bacteria, exposure to mold or other fungi, concussions, paralysis, death, or other trauma.

RELEASE OF LIABILITY

I-ON BEHALF OF MYSELF, MY ANIMAL, MY AGENTS, MY HEIRS, MY FAMILY MEMBERS (INCLUDING BUT NOT LIMITED TO SPOUSES, PARTNERS, PARENTS, SIBLINGS, AND CHILDREN), MY SUCCESSORS, AND MY ASSIGNS (COLLECTIVELY, THE "RELEASING PARTIES")-AGREE TO WAIVE AND RELEASE EPVS, ITS OFFICERS, ITS AGENTS, ITS VOLUNTEERS, AND THE OWNERS (AND, IF APPLICABLE, LESSEES) OF ANY PROPERTY WHERE EPVS OPERATES, AND ALL OTHER INDIVIDUALS AND ENTITIES INVOLVED IN THE OPERATION OF EPVS'S FACILITIES (COLLECTIVELY, THE "RELEASED PARTIES") FROM ALL CLAIMS, LIABILITIES, SUITS, DAMAGES, DEMANDS, CAUSE OF ACTION, COSTS, OR EXPENSES, WHETHER KNOWN OR UNKNOWN, ANTICIPATED, OR UNANTICIPATED, WHICH THE RELEASED PARTIES MAY HERINAFTER BECOME LIABLE FOR AS A RESULT OF ANY PERSONAL INJURIES, PROPERTY DAMAGES OR DEATH SUSTAINED BY THE PATIENT OR ANY RELEASING PARTY WHILE ON THE PROPERTY, INCLUDING BUT NOT NECESSARILY LIMITED TO ALL INJURIES, DEATH, OR DAMAGES (BOTH ECONOMIC AND NON-ECONOMIC) SUSTAINED BY PATIENT OR ANY RELEASING PARTY WHILE ON THE PROPERTY, INCLUDING BUT NOT NECESSARILY LIMITED TO ALL INJURIES, FAILURE TO SUPERVISE OTHERS, AND ANY CLAIMS/DAMAGES PARTICIPANT MAY HAVE AS A RESULT OF RELEASED PARTIES OWN NEGLIGENCE, GROSS NEGLIGENCE, INTENTIONAL, WILLFUL OR WANTON MISCONDUCT, STRICT LIABILITY IN TORT, LACK OF CARE, OR CONDITIONS EXISTING



ON RELEASED PARTY'S PROPERTY, or in ANY WAY TO (1) EPVS'S TREATMENT OF THE PATIENT, OR (2) THE PATIENT'S OR ANY RELEASING PARTY'S PRESENCE ON EPVS'S PREMISES. ON BEHALF OF THE RELEASING PARTIES, I ALSO EXPRESSLY WAIVE AND RELEASE ANY AND ALL CLAIMS AGAINST THE RELEASED PARTIES FOR DIRECT, INDIRECT, CONSEQUENTIAL, EXEMPLARY, PUNITIVE, AND ANY OTHER TYPES OF DAMAGES. I ALSO AGREE THAT THIS AGREEMENT SHALL BE CONSTRUED BROADLY IN FAVOR OF THE RELEASED PARTIES TO PROVIDE A RELEASE, INDEMNITY, DEFENSE, AND WAIVER TO THE MAXIMUM EXTENT PERMISSIBLE UNDER APPLICABLE LAW.

LIMITATION OF LIABILITY:

FURTHER, TO THE EXTENT ANY COURT OR OTHER ADJUDICATIVE BODY FINDS LIABILITY AGAINST ANY OF THE RELEASED PARTIES, I (ON BEHALF OF THE RELEASING PARTIES) EXPRESSLY LIMIT THE TOTAL LIABILITY OF ANY RELEASED PARTY TO \$10 (USD).

ASSUMPTION OF RISKS:

I, ON BEHALF OF THE RELEASING PARTIES, RECOGNIZE THAT ACTIVITIES CARRIED OUT AT EPVS'S FACILITIES INVOLVE RISKS, INCLUDING BUT NOT LIMITED TO: PHYSICAL INJURIES FROM KNOWN OR UNKNOWN HAZARDS LOCATED IN THE STRUCTURES OR ON THE LAND WHERE EPVS'S FACILITIES ARE LOCATED (INCLUDING BUT NOT LIMITED TO HAZARDS TYPICAL TO CENTRAL TEXAS, SUCH AS INSECT AND/OR ANIMAL BITES AND/OR SCRATCHES AND/OR STINGS, POISONOUS PLANTS, HARMFUL BACTERIA, HARMFUL MOLDS AND OTHER FUNGI, FENCING, UNEVEN GROUND, HOLES IN THE GROUND, SUNBURN, HEAT EXHAUSTION, HEAT STROKE, BARBED WIRE, SHARP ROCKS, OTHER SHARP OBJECTS), COLD EXPOSURE, VEHICLE ACCIDENTS, EXPOSURE TO THE COVID-19 VIRUS, AND EXPOSURE TO OTHER COMMUNICABLE DISEASES. THIS INCLUDES THE RISK THAT I, MEMBERS OF MY PARTY, OTHER RELEASING PARTIES, OR, AS THE CASE MAY BE, MY ANIMAL MAY BE EXPOSED TO COMMUNICABLE DISEASE AND THEN COMMUNICATE THIS DISEASE TO MY, FAMILY MEMBERS, FRIENDS, AND OTHERS. EXPOSURE TO THE RISKS OF ENTERING EPVS'S FACILITIES INCLUDE THE OUTCOMES STATED ABOVE AND ALSO INCLUDE (BUT ARE NOT LIMITED TO) FRACTURES, SNAKE BITES, BRUISES, SCRATCHES, CUTS, REACTIONS TO POISONOUS PLANTS, REACTIONS TO CONTACT WITH ANIMALS, REACTIONS TO MOLDS AND OTHER FUNGI, BITES FROM OR COLLISIONS WITH FARM OR DOMESTICATED ANIMALS OR WILD ANIMALS, CONCUSSIONS, PARALYSIS, AND DEATH.

Emergency Medical Authorization

As the owner and/or guardian of the animal patient (or on behalf of myself, as the case may be), I hereby authorize the diagnosis and treatment of the patient in the event of a medical emergency that, in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the patient's life, physical disfigurement, physical impairment, or other undue pain, suffering, or discomfort, if delayed.

Permission is hereby granted to any attending health-care professional to proceed with any medical or surgical treatment, x-ray examination, and immunizations for the named patient. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending health-care professional to contact me and/or the patient's emergency contact in the most expeditious way possible.

Governing Law and Mandatory Arbitration Agreement

This Agreement will be governed by and construed in accordance with the laws of Texas without reference to conflict-of-laws principles. The parties expressly agree that any dispute that arises regarding the Agreement will be resolved exclusively by an individual arbitrator mutually agreed upon by the parties. Such arbitrator shall be an individual who is licensed as a lawyer by the State Bar of Texas and has had no fewer than 10 years' experience as a practicing lawyer and/or



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judge in the State of Texas. If the parties are unable to agree on the selection of the arbitrator, the American Arbitration Association (AAA) will apply its arbitrator-selection process to select the arbitrator. Under this process, the AAA will consider the parties' expressed criteria for qualifications as expressed above, identify arbitrators from the AAA National Roster of Arbitrators, provide such arbitrators' CVs to the parties, establish the deadline for the parties to independently state their preferences from the list, and invite the most mutually agreeable arbitrator to serve on the case. All arbitration proceedings will take place in Waller County, Texas and will conform to the AAA's rules promulgated for commercial arbitration. The decision of the arbitrator shall be set forth in writing, and that decision shall be binding and enforceable in any court of competent jurisdiction. This section shall survive any termination of this Agreement regardless of the reason for such termination and regardless of whether it is the result of any breach of this Agreement by either of the parties. THE PARTIES HEREBY WAIVE THEIR RIGHTS TO A JURY TRIAL ON MATTERS ADDRESSED IN THIS AGREEMENT. In the event of any dispute arising in any manner with respect to this Agreement, the prevailing party shall be entitled to recover its reasonable attorneys' fees and costs.

BY ENTERING EPVS'S LAND AND/OR FACILITIES OR HAVING MYANIMAL ENTER EPVS'S LAND AND/OR FACILITIES, I (FOR MYSELF, THE RELEASING PARTIES, AND/OR MYANIMAL) AGREE (1) THAT ANY DISPUTE RELATED IN ANY WAY TO MY, ANOTHER RELEASING PARTY'S, OR MY ANIMAL'S PRESENCE AT EPVS'S LAND OR FACILITIES SHALL BE GOVERNED BY THE LAW OF THE STATE OF TEXAS, (2) THAT THE EXCLUSIVE AND MANDATORY VENUE FOR ANY SUCH DISPUTE SHALL BE ARBITRATION HELD WALLER COUNTY, TEXAS, (3) THAT I WAIVE MY RIGHT TO A JURY TRIAL, AND (4) THAT, BEFORE FILING ANY ARBITRATION DEMAND, I WILL FIRST NOTIFY EPVS OF MY COMPLAINT AND SUBMIT TO MEDIATION PERFORMED THROUGH A PROFESSIONAL MEDIATOR WALLER COUNTY, TEXAS.

Treatment Consent Form

I, the undersigned owner of, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am ___ I am not ___ (check one) eighteen years of age or over. I consent to the examination of this animal by staff veterinarians at Equine Partners Veterinary Services, PLLC. I also agree that after consultation with me, the hospital and doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize, and/or perform surgery on my animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should unexpected life-saving emergency care be required, and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay for such care up to \$____.00. I understand that an estimate of the fees for veterinary services will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered and during ongoing medical treatment. If my animal is hospitalized, I agree to pay a deposit of 50% of the estimated fees. I agree to assume financial responsibility for the remaining fees and will provide payment via cash, credit card, or check at the time my animal is discharged from the hospital. In the event my pet is hospitalized for more than forty-eight hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every forty-eight hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. I agree to pay a monthly billing and financing fee equal to 3% of any balance sixty days outstanding.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. I further agree that I, or an authorized agent of mine, will pick up my animal and pay for all accrued charges within five days of receiving written or oral notification that my animal is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital and patient/client record. I agree that if I fail to comply with this policy, this practice may handle this abandonment in a manner that is in the best interest of the animal and the hospital.



Entire Agreement and Severability

This Agreement contains the full and complete understanding between the parties regarding the subject matter hereof and cannot be modified or amended except by a written instrument signed by each party. This Agreement supersedes all prior agreements, whether written or oral, between the parties regarding the subject matter hereof. Each party hereto acknowledges that no representation or promise not expressly contained in this Agreement has been made by the other party. Each part of this Agreement is intended to be separate, and if any term, covenant, clause, condition, or provision hereof is illegal, invalid, or unenforceable for any reason whatsoever, such illegality, invalidity, or unenforceability shall not affect the legality, validity, and enforceability of the remaining parts of the Agreement.

Confirmation

BY SIGNING BELOW, I RECOGNIZE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS ON BEHALF OF MYSELF, THE RELEASING PARTIES, AND, AS THE CASE MAY BE, MY ANIMAL. I CONFIRM THAT I (ON MY OWN BEHALF, THE RELEASING PARTIES' BEHALF, AND/OR MY ANIMAL'S BEHALF) HAVE READ AND AGREED TO THE INFORMED CONSENT, ACKNOWLEDGEMENT, RELEASE OF LIABILITY, LIMITATION OF LIABILITY, DISPUTE-RESOLUTION PROVISIONS, MANDATORY ARBITRATION PROVISION, EMERGENCY MEDICAL AUTHORIZATION, AND OTHER PROVISIONS OF THIS AGREEMENT. I **EXPRESSLY ACKNOWLEDGE, WARRANTS, AND REPRESENTS THAT I HAVE HAD AN OPPORTUNITY TO CONSULT WITH INDEPENDENT LEGAL COUNSEL AND OTHER ADVISORS REGARDING ALL LEGAL AND OTHER EFFECTS OF THIS AGREEMENT. I REPRESENT THAT I AM RELYING SOLELY ON MY OWN BEST JUDGMENT AND AM NOT RELYING ON ANY REPRESENTATION OR STATEMENT, EXPRESS OR IMPLIED, BY RELEASED PARTIES, ANY OTHER PARTY OR ANY AGENT, EMPLOYEE, ATTORNEY, OR OTHER REPRESENTATIVE OF RELEASED PARTIES, UNLESS SUCH REPRESENTATION OR STATEMENT IS EXPRESSED IN WRITING IN THIS AGREEMENT.**

BY ACKNOWLEDGING AND SIGNING BELOW, I AM DELIVERING AN ELECTRONIC SIGNATURE THAT I have read and understand all aspects of this document and agree that it WILL HAVE THE SAME EFFECT AS AN ORIGINAL MANUAL PAPER SIGNATURE. THE ELECTRONIC SIGNATURE WILL BE EQUALLY AS BINDING AS AN ORIGINAL MANUAL PAPER SIGNATURE.

Signature of Owner/Agent or Parent or Legal Guardian (if less than 18 years of age)

Date

Telephone number

Patient 7 Registered Name	Barn Name	
Breed	Previously seen by EPVS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare	Birthdate/Age __/__/__	Color
Markings	Other Markings/Brands/Tattoos/Microchip	
Stable Name and Address	Authorized Agent (if different than contacts above)	

Patient 8 Registered Name	Barn Name	
Breed	Previously seen by EPVS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare	Birthdate/Age __/__/__	Color
Markings	Other Markings/Brands/Tattoos/Microchip	
Stable Name and Address	Authorized Agent (if different than contacts above)	

Patient 9 Registered Name	Barn Name	
Breed	Previously seen by EPVS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare	Birthdate/Age __/__/__	Color
Markings	Other Markings/Brands/Tattoos/Microchip	
Stable Name and Address	Authorized Agent (if different than contacts above)	

Patient 10 Registered Name	Barn Name	
Breed	Previously seen by EPVS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare	Birthdate/Age __/__/__	Color
Markings	Other Markings/Brands/Tattoos/Microchip	
Stable Name and Address	Authorized Agent (if different than contacts above)	