



VETERINARY SERVICE AGREEMENT

The veterinarians and staff at Ocean State Equine Associates (“OSEA”) are committed to provide our patients and clients with quality and compassionate care. By signing this document, you are forming a client-veterinary relationship with Ocean State Equine Associates. This relationship creates certain rights and obligations including, but not limited to, those described on the second page of this contract. You may call the office to provide the below information, however you must mail in the completed acknowledgement form.

CLIENT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

PREFERRED METHOD OF CONTACT: _____

Authorized Agent for providing veterinary care (optional): _____

Are you under the age of 18? () Yes () No

If yes please have the parent/guardian who will be financially responsible for all invoicing responsibilities fill out this form

For You, Your Companion, Your Athlete

11 Winsor Ave North Scituate, RI 02857
Phone: 401-766-6578 Fax: 401-769-6375
www.oceanstateequine.com

OSEA FINANCIAL POLICY ACKNOWLEDGEMENT

Please initial each statement

() I understand that payment in full is due at the time of service and agree to provide same.

() I understand and agree that my credit card will be kept on file in an electronically secure system.

() I understand and agree that my credit card on file will be automatically charged within 1-5 business days of receiving veterinary services, unless I am present at the appointment and provide another form of payment.

() I understand and agree that interest will be charged at a rate of 1.5% to all unpaid balances over 30 days and will continue to accrue until the balance is paid in full.

() I understand and agree that veterinary services will not be provided to a client with a delinquent account.

() I understand that when my credit card is charged, I will receive a copy of the paid invoice via email. (Please be sure to add vet@oceanstateequine.com to your contacts).

() I hereby authorize Ocean State Equine Associates (OSEA) to provide care to my horse(s) in my absence or at the request of my authorized agent listed on the Veterinary Service Agreement.

Client Signature _____ Date _____

Client Name (Please Print) _____

CREDIT CARD INFORMATION TO BE KEPT ON FILE

__M/C __Visa __Amex __Discover __Care Credit

Number: _____ - _____ - _____ - _____ Exp. Date: ____/____ Security Code _____

Name as it appears on card: _____

Billing address of card: _____

Signature _____

HORSE INFORMATION

Show Name	Barn Name	Age	Color	Breed	Gender

STABLE INFORMATION

STABLE NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____ BARN PHONE NUMBER: _____

NAME OF BARN MANAGER/OWNER: _____

PHONE NUMBER: _____