Island Equine Clinic Card-on-File Authorization & Indemnification Agreement

Client Name: _____

Horse(s) Name(s): _____

Billing Address: _____

Phone: _____ **Email:** _____

1. Purpose of This Agreement

Island Equine Clinic ("the Clinic") requires a valid credit or debit card to be kept securely on file to streamline billing, reduce administrative delays, and ensure timely payment for veterinary services, travel fees, products, and emergency care.

By signing below, you authorize the Clinic to store and charge your card in accordance with the terms outlined in this Agreement.

2. Authorization to Store and Charge Card on File

I authorize Island Equine Clinic to:

- Securely store my credit/debit card information in compliance with PCI-DSS standards.
- Charge my card for:
    - Routine and emergency veterinary services
    - Farm call and travel fees
    - Diagnostic procedures, medications, and supplies
    - Dental services, sedation, and ancillary treatments
    - Pre-approved estimates
    - Outstanding balances not paid at the time of service
    - Cancellation, late-cancellation, or no-show fees as outlined in the Clinic's policies

I understand that charges may occur **without additional verbal authorization** when they fall within the categories listed above.

3. Communication of Charges

The Clinic will provide an invoice via email or text after each appointment. Patient invoices are also available in the PetCare app. For emergency services or situations where immediate care is required, charges may be processed prior to invoice delivery.

I agree to maintain current contact information and notify the Clinic of any changes to my card or billing details.

4. Responsibility for Payment

I acknowledge and agree that:

- I will provide an updated card on file to the Clinic that will be stored securely in Stripe.
- I am financially responsible for all veterinary services provided to my horse(s).
- I will not dispute charges that align with this signed Agreement, the Clinic's posted financial policies, or services I requested or consented to.
- If my card is declined, I will provide an alternative payment method within 24 hours.
- Any unpaid balance may result in suspension of non-emergency services.

5. Chargebacks and Returned Payments

I understand that:

- Filing a chargeback for a charge covered by this Agreement may result in additional administrative fees.
- The Clinic reserves the right to terminate the veterinarian-client-patient relationship if chargebacks are filed in bad faith or in violation of this Agreement.

6. Indemnification & Hold Harmless

To the fullest extent permitted by law, I agree to **indemnify, defend, and hold harmless Island Equine Clinic, its veterinarians, staff, and agents** from any losses, fees, penalties, or costs (including chargeback fees and reasonable attorney's fees) arising from:

- Disputed charges that fall within the scope of this Agreement
- My failure to maintain valid payment information
- Declined or returned payments
- Misrepresentation of my authority to use the card provided

This clause does not waive my rights regarding fraudulent or unauthorized use of my card.

7. Data Security

I understand that:

- The Clinic does **not** store card numbers locally.
- All card data is stored and processed through a secure, PCI-compliant payment processor. The processor used by the Clinic is Stripe.
- Clinic staff do not have access to full card numbers once entered into the system.

8. Revocation of Authorization

This authorization remains in effect until:

- I provide written notice requesting removal of the card on file **and**
- My account balance is paid in full.

The Clinic may require a new card on file before scheduling future services.

9. Acknowledgment & Signature

By signing below, I acknowledge that I have read, understand, and agree to the terms of this Card-on-File Authorization & Indemnification Agreement.

Client Signature: _____

Printed Name: _____

Date: _____

Clinic Representative (optional): _____

Date: _____