



# VetSpine

**Animal Chiropractic &  
Wellness Care**

**Dr. Megan Repking DVM, CVSMT  
847-313-9784  
megan.repkingdvm@gmail.com  
www.VetSpine.com**

Dear Client,

Thank you for entrusting us with your horse's care.

VetSpine Animal Chiropractic and Dr. Megan Repking is committed to improving your horse's well being. Dr. Repking uses a Whole Animal approach in her medicine, and utilizes both Eastern and Western medicine techniques.

We are here to help, please do not hesitate to contact us with your questions. You can email us at [VetSpine.Manager@gmail.com](mailto:VetSpine.Manager@gmail.com) or for more urgent matters you may text us at 847-313-9784.

We look forward to seeing you at your appointment.



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## CLIENT INFORMATION

**Client Name:** – Please include any business or farm names to be included on the account.

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**Mailing Address:** – Please include city, state, and zip.

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**Email Address:** – *Statements and Session Reports are sent electronically.*

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**Cell Phone Number:**

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Yes, I agree to receive text message from VetSpine Animal Chiropractic at the phone number listed above. Message frequency varies and may include appointment reminders, service or order information, billing and collection, promotion messages, etc. Message and data rates may apply. Opt out at anytime by reply STOP or UNSUBSCRIBE. Please note, opting out of receiving text messages will limit communication between you and our office to email only. Response time via email is 24-48 business hours. You can access our Privacy Policy at <https://policies.google.com/privacy>

## HORSE INFORMATION

**Name, Age, Breed and Reason for visit:** – Sports Medicine Exam, Chiropractic Adjustment, Acupuncture. You may also include anything you notice your horse while riding.

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**VETERINARY SERVICES AUTHORIZATION:**

1.    \_\_\_ Yes   \_\_\_ No I authorize my trainer: \_\_\_\_\_  
or representative \_\_\_\_\_  
at my farm: \_\_\_\_\_ to request services for  
my horses on my behalf I agree that I will accept financial responsibility  
for the veterinary services performed on my behalf.
2.    \_\_\_ I do not authorize anyone other than myself to request services for  
my horse.
3.    \_\_\_ My horses are in my care and there is no available proxy.

**CREDIT CARD AUTHORIZATION:**

Card Type: Amex \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Authorization for Card on File: \_\_\_\_\_

(Sign name here)

Name & Billing address of card holder if different than above

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*Itemized Statements are sent within 5 days of service and are due upon receipt. It is our policy to charge the card on file by the 5th business day of the month for the prior month's services. There is a 3.5% processing fee for all credit card payments. Cash, Check, Zelle and Venmo are accepted with no additional fees. Interest begins to accrue after 30 days from the date of the invoice at a rate of 24% annually.*