Veterinary Services Agreement

Thank you for retaining McKee Pownall Equine Services ("MPES") as your provider of veterinary health services. This agreement will govern the veterinary services we provide to the Horse Owner ("Client") either directly or as approved by an authorized agent listed in this agreement. This agreement applies to all horses owned or leased by Client and applies to any and all veterinary services provided by MPES, including but not limited to, in or out patient services, procedures, medicines and farm calls to any and all horses on the Client's behalf, whether or not the horse(s) is listed on page one of this Agreement.

Horse Owner Information (please print)

Name: _____

Address:_____

City: _____ Prov: _____ Postal Code: _____

Cell # _____ Home # _____

Email _____

Email Consent:

    I agree to receive McKee-Pownall's client newsletter containing news and updates regarding MPES' services. I understand I may opt-out at any time.

    I would like to receive my invoices via email.

Lessee Information –If Applicable (Please print)

Lessee Name: _____

Lessee Address: _____

City: _____ Prov: _____ Postal Code: _____

Cell # _____Home # _____

Email _____

Lessee Pays: _____% of Invoices

Leasing From _____ To _____

Horse Name	Year Born	Breed	Use	Colour	Gender

Stable: _____ Address:_____ Tel #:_____

Insurance Company: _____ Tel # _____

Authorized Agent (Trainer/barn owner/Lessee, etc.)

Name: _____ Tel# _____

I authorize my agent to make appointments and order medication for my horse(s) and give him/her permission to charge such appointments / medication to my credit card.   YES   NO

I authorize the release of my medical information about my horse(s) to my agent.   YES   NO

Campbellville - TF: (866)856-3260 F: (519)856-8277
Newmarket - TF: (855)898-0370 F: (905)898-0371
Caledon - (905)898-9010
info@mpequine.com www.mpequine.com

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Owners Signature: _____

Referral Information

Referred by (if applicable): _____ Tel # _____

Payment Preferences

       Run Credit Card at Time of Service
       Email invoice for Credit Card Authorization (will be run if no response within 72 hours)
       Credit Card on file to hold appointment and will send E-transfer/online payment within 24 hours

Payment Policies:

Open communication of fees and financial policy is essential in establishing and maintaining a professional relationship between owner and veterinarian.

1. Payment by cash, cheque, Visa, Mastercard or American Express is due at the time of veterinary services; as such a Credit Card is required in order to book an appointment. If the client and/or payment is unavailable at the appointment, the credit card will be charged for the resulting invoice.

2. Late Charges: If for some reason a past due invoice is not able to be charged to a credit card a late charge of 2% will be applied monthly to the overdue amount.

3. Returned Cheques: A fee of $30.00 will be applied for any NSF cheques.

4. Questions: If a client has a question about their account we ask that you bring it to our attention as soon as possible. We strive to be forthcoming and honest with our clients and welcome any inquiries that you may have.

Services (required – please initial after each statement)

1. I hereby authorize MPES, to provide routine and emergency care to my horse(s) in my absence or at the request of my barn management / trainer / authorized agent. _____

2. I authorize the use of appropriate sedation and / or other medication(s) and I understand that MPES personnel will by utilized as deemed necessary by the attending veterinarian. _____

By signing below, I agree I have read, understand, and voluntarily agree to comply with the terms and conditions of the Agreement as a legally enforceable contract with McKee Pownall Equine Services. I further understand and agree that veterinary services cannot be provided without my initials where requested above and my signature and payment information provided below. If I decline to provide a credit card, I realize that I must provide payment at each appointment and the provisions enumerated above will be in effect for instance of late or non-payment as indicated. Any changes to this agreement must be received in writing.

Signatures and Credit Card Information

Card Number _____ Exp Date: _____ Security # _____

Visa   Mastercard   American Express   **(Please circle one)**

Name on Card: _____ Authorized Signature: _____

Agreement I understand and agree that any balances will automatically be billed to my credit card. Authorization to pay any past due balances with my credit card will remain in effect unless I cancel this agreement in writing with 30 days notice.

Print Legal Owners Name: _____

Owners Signature: _____ Date: _____

Legal Lessee's Name: _____

Lessee's Signature: _____ Date: _____

Guardian's Name (If owner is under 18 years of age): _____ Guardian's Signature: _____

Date: _____

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