



MCKEE·POWNALL
Veterinary Professional Corporation

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 _____

Horse Information

Horse Name	Year Born	Breed	Use	Colour	Gender

Stable: _____ Tel # _____
Insurance Company: _____ Tel # _____

Authorized Agent

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 (check one)

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

Referral Information

Referred by (if applicable): _____ Tel # _____

Payment Preferences

1. I would like to receive my invoices via email. YES NO (check one)

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 be 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 check 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: _____

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

Guardian's Signature: _____ Date: _____