



## Atlantic Equine Services, PLLC

207 County Farm Cross Road | Dover NH 03820

**Phone:** (603) 842-5037 **Email:** [office@sporthorsevets.com](mailto:office@sporthorsevets.com)

[www.sporthorsevets.com](http://www.sporthorsevets.com)

### Client Information: (Person Financially Responsible)

Name: \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

*Atlantic Equine Services sends all invoices for service electronically. Please provide us with your email address:* \_\_\_\_\_

Relationship to horse: \_\_\_\_\_

Owner's name if not owner of horse: \_\_\_\_\_

### Horse Information

Show name: \_\_\_\_\_

Barn name: \_\_\_\_\_

Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Gender: \_\_\_\_\_

Color: \_\_\_\_\_

Insured: \_\_\_\_\_

Yes

No: \_\_\_\_\_

Company: \_\_\_\_\_

Payment terms:

#### 1. Payment is due at the time service is rendered.

*All clients are required to provide us with a credit card to hold on file. All cards will be charged 48 hours after the invoice is e-mailed, unless the client calls the office to notify us of check payment OR the client provides a check at the time of service.*

2. Unless otherwise requested, all invoices, medical reports, and diagnostic images shall be provided electronically.



3. Clients may elect for **automatic payments**.

Automatic payments shall enable Atlantic Equine Services to charge the current balance due at time of service to the credit card on file. An invoice will be sent electronically with payment confirmation.

4. For clients that elect to send check payment: If check payment for services rendered is not received in full within 15 days of service, Client hereby authorizes Atlantic Equine Services to apply the charges to my credit card on file. (Initial) \_\_\_\_\_

5. Client's may pay by personal or business check. Client is responsible for all bank charges incurred by Atlantic Equine Services if a check is returned, in addition to a \$25 (twenty-five dollar) service fee.

6. Unpaid balances are subject to a 2% monthly interest charge (24% per annum) and a \$15.00 (fifteen dollar) per month accounting charge. \_\_\_\_\_ (Initial)

7. Atlantic Equine Services has the right to refuse service at any time. Atlantic Equine Services may not provide service to Client's with accounts that are past-due beyond 60 days.

8. Client shall immediately notify Atlantic Equine Services if he/she is unable to comply with the terms of this agreement. Atlantic Equine Services reserves the right to waive fees and modify payment deadlines on an individual, case-by-case basis at its sole discretion. Such an agreement shall be effective upon the execution of a separate, written agreement, signed by both parties.

9. Except as otherwise provided in this document, this agreement may be modified, superseded, or voided only upon the written and signed agreement of Atlantic Equine Services and Client. Further, the physical destruction or loss of this document shall not be construed as a modification or termination of the agreement contained herein.

10. The rights and obligations of the Parties under this Agreement shall be governed by the internal substantive law of the State of New Hampshire applicable to contracts made and to be performed in that State, without giving effect to the principles of conflicts of laws. For the purpose of jurisdiction and venue for all purposes of this Agreement shall be Strafford County, New Hampshire. If any legal action, arbitration or other proceeding is brought for the enforcement of the agreement, or arises out of an alleged dispute, breach, default or misrepresentation relating to any of the terms of the agreement, the prevailing party shall be entitled to recover reasonable attorney's fees and other costs in that action or proceeding in addition to any other relief to which it may be entitled. \_\_\_\_\_ (Initial) Client has provided Atlantic Equine Services with a valid credit card number and hereby authorizes Atlantic Equine Services, PLLC to charge the credit card for services rendered in accordance with the terms of this agreement. By signing below you are consenting to the examination and treatment of your pet and acknowledging that you will be financially responsible for the fees incurred for services rendered by Atlantic Equine Services, PLLC. You may request an estimate of anticipated fees before services are performed. There are no guarantees or assurances of the outcome from any examination or treatment provided.

Client's Signature : \_\_\_\_\_

Client's Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_



## CLIENT CREDIT CARD - ON FILE (REQUIRED)

Client Credit Card Authorization:

I, \_\_\_\_\_ hereby authorize Atlantic Equine Services, PLLC. to keep my credit card and signature on file and to charge my account for services rendered. Credit card information is confidential and kept secure.

This authorization is incorporated by reference to the Atlantic Equine Services, PLLC agreement. Pursuant to the terms of the Fee Agreement, found in sections 1: *“All clients are required to provide us with a credit card to hold on file. All cards will be charged 48 hours after the invoice is e-mailed, unless the client calls the office to notify us of check payment OR the client provides a check at the time of service.”* and Section 4: *“For clients that elect to send check payment: If check payment for services rendered is not received in full within 15 days of service, Client hereby authorizes Atlantic Equine Services to apply the charges to my credit card on file.”*

By providing my credit card number and signature, I authorize Atlantic Equine Services, PLLC to charge my credit card for an account balance that is outstanding 15 days past the date of service. A detailed invoice shall be sent prior to any charges applied to the below listed credit card. \_\_\_\_ (Initial). This authorization is revocable at any time upon written notification to Atlantic Equine Services, PLLC with written confirmation of receipt from Atlantic Equine Services, PLLC.

Name on Card:

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Billing Address:

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Card Type:      Visa                      Mastercard                      American Express                      Discover

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Card Number:

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Zip Code:

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Expiration:

CVV:

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Email Address for Receipt:

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Please Initial Here for Automatic Credit Card Payments at Time of Service:

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