

**EQUINE VETERINARY ASSOCIATES
PO Box 1890 • Olive Branch, MS 38654
Phone: 662-893-2546 • Fax: 662-890-5764**

VETERINARY SERVICES CONTRACT

Please Note: By signing this document, you are forming a contract with EQUINE VETERINARY ASSOCIATES. This contract creates certain rights and obligations including, but not limited to, those described on this page.

PAYMENT IS REQUIRED AT THE TIME OF SERVICE. Insurance claim payments for a major medical claim will be sent to you directly from your insurance company. Thank you.

Owner Information (Please Print)

Owner's Name: _____ Driver's Lic # (if paying by check): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Email: _____

Employer's Name: _____ Work #: _____

Spouse's Name: _____ Cell #: _____

Barn/Trainer's Name (if applicable): _____ Phone #: _____

Barn/Stable Address: _____ City: _____ State: _____ Zip: _____

READ THE FOLLOWING AND INITIAL:

1. I hereby authorize Equine Veterinary Associates to **provide services to my horse(s) in my absence or at the request of my trainer or barn management.** This applies to any and all services. _____
2. **I understand that I must pay the full balance due at the end of each visit.** Payment can be made by cash, check, or any major credit card. _____
3. Should there be an emergency or special circumstance, I understand that **a deposit of 1/2 of the highest estimated cost** is required upon admittance, with the remaining balance due at time of pick-up. A check or credit card must be held on reserve at time of admittance. _____
4. Should Equine Veterinary Associates be forced to commence administrative and/or legal action to collect unpaid invoices from you:
 - You understand that a late charge will be applied to all accounts over at a rate of 1.5% monthly.
 - You consent to personal jurisdiction of the courts of the State of Mississippi/Tennessee over you.
 - You agree to pay all costs, expenses, collection fees and reasonable attorney's fees incurred by Equine Veterinary Associates, associated with such action._____

**PHOTO/VIDEO RELEASE for SOCIAL MEDIA, WEBSITE, ETC. USE
(OPTIONAL)**

I grant to Equine Veterinary Associates, its representatives and employees the right to take photographs or videos of me and/or my horse, and to copyright, use and publish the same in print and/or electronically. I agree that Equine Veterinary Associates may use such photographs or videos of me and/or my horse with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

The above may take photos/videos of me and/or my horse

The above may **NOT** take photos/videos of me and/or my horse

Owner or Representative's Signature: _____

Date: _____