

**HAYMARKET VETERINARY SERVICE**  
**P.O. Box 1005, Haymarket, VA 20168 · Phone (703)754-3309**



**Veterinary Services Agreement**

Thank you for retaining Haymarket Veterinary Service (HVS) as your provider of veterinary health services. This agreement will govern the veterinary services we provide to the Horse Owner or Lessee (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 HVS, including but not limited to, 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: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Home: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Lessee Information –If Applicable (Please print)**

Lessee Name: \_\_\_\_\_  
 Lessee Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Home: \_\_\_\_\_  
 Date of Lease: FROM \_\_\_\_\_ TO \_\_\_\_\_

Horse Name	Registered/Show Name	DOB	Breed	Use	Color	Gender

Stable/Boarding Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Equine Insurance Co: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I authorize my agent to make appointments and order medication for my horses 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 to my agent.    YES            NO

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Services (required – please initial after each statement)**

- I hereby authorize HVS, to provide routine and emergency care to my horse(s) in my absence or at the request of my barn owner / trainer / authorized agent. \_\_\_\_\_
- I authorize the use of appropriate sedation and / or other medication(s) and I understand that HVS personnel will be utilized as deemed necessary by the attending veterinarian. \_\_\_\_\_

**Payment/Credit Policies**

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

- Payment by cash, check, Visa, MasterCard, Discover 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. Payment of the balance at the end of each month with a credit card on file is another option that can be selected below.
- Late Charges: If for some reason a past due invoice is not able to be charged to a credit card a late charge of 1.5% will be applied monthly to the overdue amount.
- Returned Checks: A fee of \$50.00 will be applied for any NSF checks.
- Questions: If a client has a question about his/her account, we ask that you bring it to our attention within 30 days. We strive to be forthcoming and honest with our clients and welcome any inquiries that you may have.

**Payment Preferences**

Please choose your payment preference below:

- Charge my credit card for each invoice
- Charge my credit card at the end of the month
- Payment at time of service – cash, check or credit card at or before the time of service (this also requires completion of the credit card information below)

I would like to receive my invoices via email. YES NO

**Credit Card Information**

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV # \_\_\_\_\_

Visa MasterCard Discover American Express

Name on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**Agreements**

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.

Compounded drugs are not FDA-approved, which means they do not come with the same assurances for safety, quality, and efficacy as FDA-approved drugs. HVS largely relies on approved medications, but we do use compounded medications when there are no approved options available or if potential benefits to the patient outweigh the risks. When you give us permission to treat your horse, you are agreeing that you understand this policy and give permission to prescribe compounded medications to your horse.

Photos taken over the course of patient care and management are often used for educational seminars, website articles, and/or social media posts. We retain anonymity of the horse and client unless the client gives permission to divulge that information. When you give us permission to treat your horse, you are agreeing that you understand this policy and give consent for HVS to use such photographs of your horse for these purposes.

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 HVS. 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.

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_