St. Louisville OH 43071
9573 Martinsburg Rd.
Phone: 740 503 2004
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BELLA VISTA EQUINE REPRODUCTIVE SERVICES, LLC

CLIENT SERVICE AGREEMENT

Client: _____ Today's Date: _____
Last First Initial

Billing Address: _____
Street City State Zip Code County

Home Phone: _____ Mobile Phone: _____ Fax: _____

Your e-mail address: _____ Work Phone: _____

Social Security #: __ __ __ - __ __ - __ __ __ __ Driver's License # _____

Trainer's Name: _____ Phone Number: _____

Referring Veterinarian: _____ Phone Number: _____

Credit Card Information:

____ Visa, ____ MC, or ____ Amex #: _____

Expiration Date: _____ Zipcode for credit card account: _____

Name as it appears on card: _____

Authentication number (see back of credit card = 3 digits): ___ ___ ___

Payment Consent

Your account is due in full within thirty (30) days, or the date stated on your invoice. Payments received in full, by cash or by check, within ten (10) days of the invoice date qualify for a 5% discount. Payments received in full, by credit card, within ten (10) days of the invoice date qualify for a 2% discount. ***By signing this agreement you authorize all outstanding balance that is not received by the invoice due date to be automatically charged to the credit card account provided above the day such balance becomes past due.***

You agree to pay the charges associated with the veterinary services rendered to your animal(s). You also agree to pay all charges incurred during any periods when payment for such charges is pending determination by a third party payer.

You shall be responsible for all attorneys' fees, court costs, collection costs and all other expenses which may be incurred in collecting past due balances or uncollected checks. You understand that a service charge of $100.00 will apply in addition to the above for any returned checks or invalid credit cards.

We reserve the right to discontinue providing veterinary services for any account that we deem becoming insolvent or delinquent. For services provided at our medical facility, the veterinarian on duty may require that a deposit or an advance payment be paid at the time your animal is admitted to our facility. On the day the animal is discharged, the total bill will be computed up to the anticipated time of departure. Payment in full must be received at the time the animal leaves the facility unless prior arrangements have been made with our firm. Payment may be made in cash, by check, or by credit card (Visa, Mastercard or American Express). The undersigned hereby irrevocably agree that venue of any controversy ensuing between or among the parties hereto shall be in Licking County, Newark, Ohio only, and in no other city or county. Any disputed amount must be reported to us in writing within seven (7) days of the original invoice date or we hereby forever waive any such claim. I/we have read and agree to all terms set forth on this agreement.

Your credit card information <u>and</u> your signature are both needed for us to render veterinary services to you. Thank you!

Signature: _____ Today's Date: _____
(Client, Agent or responsible party)