



BELLA VISTA EQUINE VETERINARY SERVICES

9573 Martinsburg Rd., St. Louisville, OH, 43071

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Dr. Meuse cell: (614) 975 4844

Billing: (740) 503 0743

CLIENT SERVICE AGREEMENT

Client: _____ Today's Date: _____
Last

Billing Address: _____
Street

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Your e-mail address: _____ Driver's License #: _____

Trainer's Name: _____ Phone Number: _____

Credit Card Information:

Name as it appears on card: _____

Visa, MC, or Amex #: _____ Expiration Date: _____

Zipcode for credit card account: _____ 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. ***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 and your signature are both needed for us to render veterinary services to you. Thank you!

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

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HORSES INFORMATION

Stable Name: _____ **Registered/Show Name:** _____

Breed: _____ **Gender:** Mare Gelding Stallion **Age:** _____ **Color:** _____

Discipline: _____

Level currently competing: _____

Desired level of competition: _____

Any pertinent medical history (chronic lamenesses, allergies especially to medications, disease conditions, etc):

Stable Name: _____ **Registered/Show Name:** _____

Breed: _____ **Gender:** Mare Gelding Stallion **Age:** _____ **Color:** _____

Discipline: _____

Level currently competing: _____

Desired level of competition: _____

Any pertinent medical history (chronic lamenesses, allergies especially to medications, disease conditions, etc):

Stable Name: _____ **Registered/Show Name:** _____

Breed: _____ **Gender:** Mare Gelding Stallion **Age:** _____ **Color:** _____

Discipline: _____

Level currently competing: _____

Desired level of competition: _____

Any pertinent medical history (chronic lamenesses, allergies especially to medications, disease conditions, etc):

Stable Name: _____ **Registered/Show Name:** _____

Breed: _____ **Gender:** Mare Gelding Stallion **Age:** _____ **Color:** _____

Discipline: _____

Level currently competing: _____

Desired level of competition: _____

Any pertinent medical history (chronic lamenesses, allergies especially to medications, disease conditions, etc):
