

TREATMENT AGREEMENT

Owner: _____ Date: _____

Address: _____ HomePhone: _____

City _____ State: _____ Zip: _____

WorkPhone: _____ Cell: _____ Email: _____

DeliveredBy: _____ Phone: _____

PatientName: _____ Age: _____ Color: _____

Sex: _____ Breed _____ Insured? _____

Is Horse on any Medications, including Aspirin? _____

ReferringVeterinarian: _____ Complaint: _____

Prognosis: ___ Excellent ___ Good ___ Fair ___ Guarded ___ Poor ___ Estimatedcost _____

Payment: ___ Cash ___ Check ___ CreditCard _____

This estimate of charges for presently planned procedures is only an approximation; and, the final bill may be greater or less than this amount. **DepositRequired:** _____ **DepositMade:** _____

Promise to make payment in full

I, as owner or agent for the above horse, agree to make payment in full upon the discharge of this animal or at 30 day intervals. I agree, should I fail to pay in full all charges due, that you may retain the animal and will charge boarding fees until I do pay. I hereby expressly grant you a lien upon and right to possession of the animal for payment of charges and boarding fees. If I do not pay within ten days of the first notice to me at the address above, you may sell the animal to pay the bill. I agree to pay attorney's fees, court costs, and interest at 15%, in the event of collection; as well as all costs incurred in making the sale.

Authorization for Medical and/or Surgical Treatment

As legal owner or responsible agent of the above animal, I authorize such therapeutic and/or surgical procedures as deemed advisable or necessary by the attending veterinarian. The nature of the procedures has been explained to me; and, no guaranty has been made as to the results or cure. I fully understand that there may be risks involved in these procedures; I understand that both osteopathic and reproductive treatment can involve rectal examinations that entail certain risks. I understand breeding season ends on June 15. I agree that Dr. Lu Ann Groves, The Whole Horse Veterinary Clinic and/or the staff will not be held responsible for the loss of or injury to the animal.

Date: _____ Signature: _____

Agent: _____ Owner _____ Authorized _____