



## WELCOME TO ALPINE EQUINE HOSPITAL PC

Thank you for giving us the opportunity to care for your horses and livestock

Client Name \_\_\_\_\_ Spouse/Friend Name \_\_\_\_\_

**Mailing** Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Best** Number to contact you \_\_\_\_\_ other/cell \_\_\_\_\_

Email Address \_\_\_\_\_

**Email is for Reminders, discharge instructions, Updates on your horses etc. We do not share with outside sources.**

How did you hear about us? Drove by \_\_\_ On Line \_\_\_ Relative/Friend \_\_\_ Advertisement \_\_\_ Community Event \_\_\_ Business \_\_\_ Other \_\_\_

Whom may we personally thank for the recommendation? \_\_\_\_\_

Please initial here if you give us permission to use a picture of your animal in our promotional materials \_\_\_\_\_

### ALL FEES ARE DUE AT THE TIME OF SERVICE

**Equine clients are required to have a credit card on file. please give us your card information.**

All charges will be automatically applied to your credit card at the time of service. A copy of your statement and credit card receipt will be emailed to you. I understand and agree that this authorization to pay any balance due with my credit card remains in effect until cancelled by me. A 2.6% surcharge is added for care credit transactions.

Cardholders name (If different from above): \_\_\_\_\_

Visa \_\_\_ MC \_\_\_ Discover \_\_\_ AMEX \_\_\_\_\_ Card # \_\_\_\_\_

**vcode:**

Exp. Date \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Alpine Equine Hospital charges 2% per month on all balances 30 days or over, 30% of balance due if account is sent to collections.

I understand that I am financially responsible for payment of all fees for veterinary services and late charges.

### AUTHORIZATION

I hereby authorize the veterinary practice of Alpine Equine Hospital P.C., to provide veterinary care for my animals. Veterinary care includes the performance of procedures and the use of appropriate anesthetic and other medications as deemed necessary in the practice of veterinarian professional judgment.

I also hereby grant Alpine Equine, its representatives and employees, permission to use and/or publish photographs or videos of my animals in print and/or electronically. I understand and agree that these materials will become the property of AEH and will not be returned. I hereby authorize AEH to edit, alter, copy, exhibit, publish, or distribute the photographs, depictions or video for purposes of publicizing their programs or for any other lawful purpose. I waive my rights to any compensation arising or related to the use of the photographs or videos. I release and discharge AEH from any and all claims arising out of use of the photos or videos for any lawful purpose such as for publicity, illustration, advertising, and Web content.

Signature of owner/agent \_\_\_\_\_ Date \_\_\_\_\_