



HEARTLAND EQUINE HOSPITAL

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Heartland Equine Hospital Payment Policy

Owner:	
Address:	
Home Phone:	
Mobile Phone:	

Please Initial

- I understand that payment is due at the time of service.
- I understand that my credit card will be kept on file in an electronically secure system.
- I understand that my credit card will be charged within 1-5 business days of receiving veterinary services, unless I am present at the appointment with another form of payment.
- I understand that when my credit card is charged, I will receive a copy of the paid invoice via email. (Please be sure to add kjones@heartlandequinehospital.com to your contacts.)

Credit Card Type: _____

Credit Card Number: _____

Credit Card Expiration: _____

Security Code: _____

Signed: _____ Date: _____

Name on Card: _____

(Optional) In the event of an emergency and I, the owner, cannot be reached I authorize Heartland Equine Hospital to provide emergency care to my animal up the amount of _____.

(Optional) I authorize for _____ at phone number _____ to act as my agent and provide consent for care in my absence. I understand that I will be liable for the cost of care they have consented to.